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FF1AN060.PDF

DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS**2 / 110**

(PAGE 2, FEC FORM 3P)

Name of committee (in full)

Chris Dodd For President Inc

Report Covering the Period

From: 03/01/2008

To: 03/31/2008

I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P)	.....	712747.03	1214703.49
17. CONTRIBUTIONS (other than loans) FROM :			
(a) Individuals/Persons Other Than Political Committees	.....	31490.03	9927825.53
(b) Political Party Committees	.....	0.00	100.00
(c) Other Political Committees	.....	5000.00	647898.30
(d) The Candidate	.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a) , 17(b), 17(c), 17(d))		36490.03	10575823.83
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	.....	0.00	4739005.00
19. LOANS RECEIVED:			
(a) Loans Received From or Guaranteed by Candidate	.....	0.00	0.00
(b) Other Loans	.....	0.00	1302811.25
(c) TOTAL LOANS (Add 19(a) and 19(b))	.....	0.00	1302811.25
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.) :			
(a) Operating	.....	6382.24	44289.16
(b) Fundraising	.....	0.00	240.00
(c) Legal and Accounting	.....	0.00	0.00
(d) TOTAL OFFSETS TO OPERATING EXPENDITURES (Add 20(a), 20(b) and 20(c))		6382.24	44529.16
21. OTHER RECEIPTS (Dividend, Interest, etc.)	.....	0.00	55536.06
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d), 21)	.....	755619.30	17932408.79
II. DISBURSEMENTS			
23. OPERATING EXPENDITURES	.....	131717.07	15168481.05
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	.....	0.00	0.00
25. FUNDRAISING DISBURSEMENTS	.....	0.00	0.00
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS	.....	0.00	0.00
27. LOAN REPAYMENTS MADE :			
(a) Repayment of Loans made or Guaranteed by Candidate	.....	0.00	0.00
(b) Other Repayments	.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))	.....	0.00	0.00
28. REFUNDS OF CONTRIBUTIONS TO :			
(a) Individuals/Persons Other Than Political Committees	.....	2300.00	50000.00
(b) Political Party Committees	.....	0.00	0.00
(c) Other Political Committees	.....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b), 28(c))	.....	2300.00	50000.00
29. OTHER DISBURSEMENTS	.....	0.00	6000.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	.....	134017.07	15224481.05
III. CONTRIBUTED ITEMS (Stock, Art Objects, etc.)			
31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)	.....	0.00	

ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A PRESIDENTIAL CANDIDATE 3 / 110
 (Used Only by Primary Committees Receiving or Expecting to Receive Federal Funds)
 (PAGE 3, FEC FORM 3P)

1. NAME OF COMMITTEE (in full)

Chris Dodd For President Inc

ADDRESS (number and street)

PO Box 270701

CITY, STATE, and ZIP CODE

West Hartford

CT

06127

2. IDENTIFICATION NUMBER

C00431379

ALLOCATION BY STATE

STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE	STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE
Alabama	0.00	0.00	Nebraska	0.00	0.00
Alaska	0.00	0.00	Nevada	0.00	31412.23
Arizona	0.00	0.00	New Hampshire	0.00	699716.51
Arkansas	0.00	0.00	New Jersey	0.00	0.00
California	0.00	0.00	New Mexico	0.00	0.00
Colorado	0.00	0.00	New York	0.00	0.00
Connecticut	0.00	0.00	North Carolina	0.00	0.00
Delaware	0.00	0.00	North Dakota	0.00	0.00
District of Columbia	0.00	41.21	Ohio	0.00	0.00
Florida	0.00	0.00	Oklahoma	0.00	0.00
Georgia	0.00	0.00	Oregon	0.00	0.00
Hawaii	0.00	0.00	Pennsylvania	0.00	0.00
Idaho	0.00	0.00	Rhode Island	0.00	0.00
Illinois	0.00	0.00	South Carolina	0.00	533.78
Indiana	0.00	0.00	South Dakota	0.00	0.00
Iowa	0.00	2620289.64	Tennessee	0.00	0.00
Kansas	0.00	0.00	Texas	0.00	0.00
Kentucky	0.00	0.00	Utah	0.00	0.00
Louisiana	0.00	0.00	Vermont	0.00	0.00
Maine	0.00	0.00	Virginia	0.00	0.00
Maryland	0.00	68.00	Washington	0.00	0.00
Massachussetts	0.00	0.00	West Virginia	0.00	0.00
Michigan	0.00	0.00	Wisconsin	0.00	0.00
Minnesota	0.00	0.00	Wyoming	0.00	0.00
Mississippi	0.00	0.00	Puerto Rico	0.00	0.00
Missouri	0.00	0.00	Guam	0.00	0.00
Montana	0.00	0.00	Virgin Islands	0.00	0.00
			TOTALS	0.00	3352061.37

SCHEDULE A (FEC Form 3P) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Federal Funds

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

684431.25

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 6 / 2 0 0 8

Amount of Each Receipt this Period

182474.79

Federal Funds

Transaction ID: A4F906F479814437CB51

B.

Full Name (Last, First, Middle Initial)

Federal Funds

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

865174.56

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Amount of Each Receipt this Period

180743.31

Federal Funds

Transaction ID: AD180E5FDBE80408D82D

C.

Full Name (Last, First, Middle Initial)

Federal Funds

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1040363.22

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 0 / 2 0 0 8

Amount of Each Receipt this Period

175188.66

Federal Funds

Transaction ID: AFE112474203C425EA78

SUBTOTAL of Receipts This Page (optional)

538406.76

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3P)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 5 / 110

<input checked="" type="checkbox"/>	16	<input type="checkbox"/>	17a	<input type="checkbox"/>	17b	<input type="checkbox"/>	17c	<input type="checkbox"/>	17d	<input type="checkbox"/>	18
<input type="checkbox"/>	19a	<input type="checkbox"/>	19b	<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Federal Funds

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1214703.49

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	0	8

Amount of Each Receipt this Period

174340.27

Federal Funds

Transaction ID: AC8A2D171D3E44980A32

SUBTOTAL of Receipts This Page (optional)

174340.27

TOTAL This Period (last page this line number only)

712747.03

SCHEDULE A (FEC Form 3P) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 110

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Mr. Jeffrey Basler

Mailing Address

123 Old Beldon Hill Road

City

Norwalk

State

CT

Zip Code

06850-1359

FEC ID number of contributing
federal political committee.

Name of Employer
Shumway Capital

Occupation
Finance

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Amount of Each Receipt this Period

1000.00

Transaction ID: AB843DDBC39634E33899

B.

Full Name (Last, First, Middle Initial)

Mr. Joseph Buongiorno

Mailing Address

38 West Hills Road

City

New Canaan

State

CT

Zip Code

06840-3024

FEC ID number of contributing
federal political committee.

Name of Employer
UTC

Occupation
VP

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Amount of Each Receipt this Period

1000.00

Transaction ID: A4CBDA515B47D49CE9CA

C.

Full Name (Last, First, Middle Initial)

Mr. Andrew Burdick

Mailing Address

One Fawcett Place

City

Greenwich

State

CT

Zip Code

06830-6553

FEC ID number of contributing
federal political committee.

Name of Employer
Shumway Capital

Occupation
Analyst

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Amount of Each Receipt this Period

1000.00

Transaction ID: A522FA27313EF4155B8E

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3P) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 110

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Mr. Paul Day-Lucore

Mailing Address

170 S. Oneida Street

City

Denver

State

CO

Zip Code

80230-6949

FEC ID number of contributing
federal political committee.

Name of Employer
N/A

Occupation

Information Requested

Receipt For:

2008

☒ X

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

245.04

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 6 / 2 0 0 8

Amount of Each Receipt this Period

25.00

Transaction ID: AA597651C05384B0095B

B.

Full Name (Last, First, Middle Initial)

William Flynn

Mailing Address

3636 View Pt Dr

City

Edinburg

State

TX

Zip Code

78539-5590

FEC ID number of contributing
federal political committee.

Name of Employer
US Gov't

Occupation

Personnel

Receipt For:

2008

☒ X

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 6 / 2 0 0 8

Amount of Each Receipt this Period

25.00

Transaction ID: AB334F97D99CE4960B9A

C.

Full Name (Last, First, Middle Initial)

Mrs. Margo Fredlake

Mailing Address

2005 Simsbury Ct.

City

Fort Collins

State

CO

Zip Code

80524-1979

FEC ID number of contributing
federal political committee.

Name of Employer
Allquest Real Estate

Occupation

Real Estate Agent

Receipt For:

2008

☒ X

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 7 / 2 0 0 8

Amount of Each Receipt this Period

2300.00

Transaction ID: AAD8B37F8EB4F46A8983

SUBTOTAL of Receipts This Page (optional)

2350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3P) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Mr. Kevin E Freudenthal

Mailing Address

320 Nod Hill Road

City

Wilton

State

CT

Zip Code

06897-1503

FEC ID number of contributing
federal political committee.

Name of Employer
UTC

Occupation

Vice President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Amount of Each Receipt this Period

1000.00

Transaction ID: A2EEBFA00F2E343A2A61

B.

Full Name (Last, First, Middle Initial)

Ms. Lisa Gerson

Mailing Address

3312 Cardinal Lane

City

Woodstock

State

IL

Zip Code

60098-8133

FEC ID number of contributing
federal political committee.

Name of Employer
N/A

Occupation

Homemaker

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

323.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 6 / 2 0 0 8

Amount of Each Receipt this Period

50.00

Transaction ID: AB2208F2B9DBE460BB0A

C.

Full Name (Last, First, Middle Initial)

Ms. Joni S. Ives

Mailing Address

7 Bruce Road

City

Mamaroneck

State

NY

Zip Code

10543-1101

FEC ID number of contributing
federal political committee.

Name of Employer
UST Inc

Occupation

VP

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Amount of Each Receipt this Period

1300.00

Transaction ID: A5789FF1F29894DEFB5E

SUBTOTAL of Receipts This Page (optional)

2350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3P) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 110

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Ms. Verlaine Keith- Miller

Mailing Address

5423 35th Avenue SW

City

Seattle

State

WA

Zip Code

98126-2821

FEC ID number of contributing
federal political committee.

Name of Employer
Board of Industrial I

Occupation
Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Amount of Each Receipt this Period

250.00

Transaction ID: A1B3F3C026E074464A58

B.

Full Name (Last, First, Middle Initial)

Mr. Chris Lange

Mailing Address

47 Lafayette Place

City

Greenwich

State

CT

Zip Code

06830-5421

FEC ID number of contributing
federal political committee.

Name of Employer
Shumway Capital

Occupation
Analyst

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Amount of Each Receipt this Period

2300.00

Transaction ID: A29EEFB37BD2542F38E2

C.

Full Name (Last, First, Middle Initial)

Mr. James Madden

Mailing Address

PO Box 771135

1809 Trouvaille Ct

City

Steamboat Springs

State

CO

Zip Code

80477-1135

FEC ID number of contributing
federal political committee.

Name of Employer
Self Employed

Occupation
Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

223.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 7 / 2 0 0 8

Amount of Each Receipt this Period

25.00

Transaction ID: A66EC137B207E4258AB0

SUBTOTAL of Receipts This Page (optional)

2575.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3P) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 110

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Andrew Mais

Mailing Address

9 Twin Oak Lane

City

Wilton

State

CT

Zip Code

06897-2736

FEC ID number of contributing
federal political committee.

Name of Employer
State of New York

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 6 / 2 0 0 8

Amount of Each Receipt this Period

25.00

Transaction ID: AA74746B287E74D0BB55

B.

Full Name (Last, First, Middle Initial)

Elizabeth T Marren

Mailing Address

620 Hollow Tree Ridge Rd

City

Darien

State

CT

Zip Code

06820-2420

FEC ID number of contributing
federal political committee.

Name of Employer
UST Inc

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Amount of Each Receipt this Period

1300.00

Transaction ID: A3AEF054CA97B4B44AF7

C.

Full Name (Last, First, Middle Initial)

Grace E. Marrior

Mailing Address

50 W. Main St.

City

Niantic

State

CT

Zip Code

06357-2340

FEC ID number of contributing
federal political committee.

Name of Employer
N/A

Occupation

Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 6 / 2 0 0 8

Amount of Each Receipt this Period

100.00

Transaction ID: A28FBE2D4062940349A5

SUBTOTAL of Receipts This Page (optional)

1425.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3P) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 110

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Mr. Frank Mealo

Mailing Address

7 N. Somerset Ave.

City

Ventnor City

State

NJ

Zip Code

08406-2330

FEC ID number of contributing
federal political committee.

Name of Employer
N/A

Occupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 6 / 2 0 0 8

Amount of Each Receipt this Period

250.00

Transaction ID: A8724E226D44E4F10A22

B.

Full Name (Last, First, Middle Initial)

Mr. Jeff Nykon

Mailing Address

136 East 55th Street

City

New York

State

NY

Zip Code

10022-4517

FEC ID number of contributing
federal political committee.

Name of Employer
Shumway Capital

Occupation
Analyst

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Amount of Each Receipt this Period

2300.00

Transaction ID: A586F5763D4EC4384BF3

C.

Full Name (Last, First, Middle Initial)

Mrs. Heather Reardon

Mailing Address

4313 Woodwick Court

City

Fort Worth

State

TX

Zip Code

76109-2506

FEC ID number of contributing
federal political committee.

Name of Employer
Spiffy Duck LLC

Occupation
Self Employed

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 3 / 2 0 0 8

Amount of Each Receipt this Period

1000.00

Transaction ID: AA36844D231B64743B76

SUBTOTAL of Receipts This Page (optional)

3550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3P) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 110

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Mr. David Rodriguez- Fraile

Mailing Address

1 Union Square South

City

New York

State

NY

Zip Code

10003-4182

FEC ID number of contributing
federal political committee.

Name of Employer
Shumway Capital

Occupation
Analyst

Receipt For:

2008

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Amount of Each Receipt this Period

2300.00

Transaction ID: A0A618F2141EE4C3DBCE

B.

Full Name (Last, First, Middle Initial)

John Russ

Mailing Address

P.O. Box 2281

City

Asheville

State

NC

Zip Code

28802

FEC ID number of contributing
federal political committee.

Name of Employer
Reindeer Graphics, Inc.

Occupation
Software Engineer

Receipt For:

2008

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.06

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 6 / 2 0 0 8

Amount of Each Receipt this Period

25.01

Transaction ID: ADC9D06FDF67E4233AF9

C.

Full Name (Last, First, Middle Initial)

Mr. Raymond Silcock

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

Name of Employer
UTC

Occupation
Exeuctive

Receipt For:

2008

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Amount of Each Receipt this Period

2300.00

Transaction ID: A0B8BB5B50EE44354806

SUBTOTAL of Receipts This Page (optional)

4625.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3P) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 110

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Ms. Monica Smith

Mailing Address

246 Packers Falls Road

City

Durham

State

NH

Zip Code

03824-4401

FEC ID number of contributing
federal political committee.

Name of Employer
N/A

Occupation

Homemaker

Receipt For: 2008

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

522.04

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 6 / 2 0 0 8

Amount of Each Receipt this Period

50.00

Transaction ID: AB93509E403FD4364AE9

B.

Full Name (Last, First, Middle Initial)

Mr. Shane Tews

Mailing Address

3300 North Vermont Street

City

Arlington

State

VA

Zip Code

22207-4469

FEC ID number of contributing
federal political committee.

Name of Employer
Verisign

Occupation

Executive

Receipt For: 2008

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 3 / 2 0 0 8

Amount of Each Receipt this Period

500.00

Transaction ID: A41044C4C2948491BAC5

C.

Full Name (Last, First, Middle Initial)

Dennis Tokarski

Mailing Address

921 S. 7th St

City

Ann Arbor

State

MI

Zip Code

48103-4768

FEC ID number of contributing
federal political committee.

Name of Employer
PolTec Electronics, LLC

Occupation

Consulting Engineer

Receipt For: 2008

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Amount of Each Receipt this Period

100.00

Transaction ID: A9DA2F9A02D3543F68EA

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3P) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 110

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Ms. Julie Trent

Mailing Address

498 Valley Road

City

New Canaan

State

CT

Zip Code

06840-3819

FEC ID number of contributing
federal political committee.

Name of Employer
Shumway Capital

Occupation
Analyst

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Amount of Each Receipt this Period

2300.00

Transaction ID: A6C7D59A1A21A49CD953

B.

Full Name (Last, First, Middle Initial)

Mr. Scot B Weicker

Mailing Address

5 Glen Avon Drive

City

Riverside

State

CT

Zip Code

06878-2005

FEC ID number of contributing
federal political committee.

Name of Employer
UST Inc

Occupation
Director, Corp Events

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Amount of Each Receipt this Period

250.00

Transaction ID: A2C6896FDCD2643A9ABD

C.

Full Name (Last, First, Middle Initial)

Mr. Thomas Wilcox

Mailing Address

2 Brandon Circle

City

Wilton

State

CT

Zip Code

06897-3200

FEC ID number of contributing
federal political committee.

Name of Employer
Shumway Capital

Occupation
Analyst

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Amount of Each Receipt this Period

2300.00

Transaction ID: A4A6D7AA99514415BB21

SUBTOTAL of Receipts This Page (optional)

4850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3P) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 110

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Mr. JD Williams

Mailing Address

7343 CR 3000

City

Pearsall

State

TX

Zip Code

78061-5628

FEC ID number of contributing
federal political committee.

Name of Employer
Self Employed

Occupation
rancher

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 7 / 2 0 0 8

Amount of Each Receipt this Period

1000.00

Transaction ID: A1DFF1A3A0EF6439F894

B.

Full Name (Last, First, Middle Initial)

Mr. Steven Younes

Mailing Address

155 Carriage Hill Road

City

Brewster

State

NY

Zip Code

10509-3426

FEC ID number of contributing
federal political committee.

Name of Employer
UTC

Occupation
VP, Human Resources

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Amount of Each Receipt this Period

1000.00

Transaction ID: A2988DB06B11C4B58BCE

C.

Full Name (Last, First, Middle Initial)

n/a Unitemized Donors

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4115.02

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

4115.02

Unitemized Donors

Transaction ID: U44010DF9684C4F98A12

SUBTOTAL of Receipts This Page (optional)

6115.02

TOTAL This Period (last page this line number only)

31490.03

**SCHEDULE A (FEC Form 3P)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 / 110

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input checked="" type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

I.B.E.W.- C.O.P.E. PAC

Mailing Address

900 Seventh Street NW

City

Washington

State

DC

Zip Code

20001-3720

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	0	8

Amount of Each Receipt this Period

5000.00

Transaction ID: A7776137EADCA46188A7

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00

SCHEDULE A (FEC Form 3P) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 110

(check only one)

☐ 16 ☐ 17a ☐ 17b ☐ 17c ☐ 17d ☐ 18
☐ 19a ☐ 19b ☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Verizon

Mailing Address

P.O. Box 17577

City

Baltimore

State

MD

Zip Code

21297-0513

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2270.26

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 5 / 2 0 0 8

Amount of Each Receipt this Period

2270.26

Refund on lines

Transaction ID: AFABF304CEF914BAAB65

B.

Full Name (Last, First, Middle Initial)

Brian Bradley

Mailing Address

4521 Arkansas Ave NW

City

Washington

State

DC

Zip Code

20011

FEC ID number of contributing
federal political committee.

Name of Employer
Credit Union National Ass-
ociation

Occupation
Accountant

Receipt For: 2008

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 3 / 2 0 0 8

Amount of Each Receipt this Period

500.00

Transaction ID: A8351CCB27EC446F8B0A

C.

Full Name (Last, First, Middle Initial)

Ms. Robin B Burns

Mailing Address

15 Hunter Drive

City

West Hartford

State

CT

Zip Code

06107-1015

FEC ID number of contributing
federal political committee.

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2008

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

679.99

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 5 / 2 0 0 8

Amount of Each Receipt this Period

679.99

Purchase of equipment

Transaction ID: A8227CB6F955B493F9FC

SUBTOTAL of Receipts This Page (optional)

3450.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3P) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 110

(check only one)

☐ 16 ☐ 17a ☐ 17b ☐ 17c ☐ 17d ☐ 18
☐ 19a ☐ 19b ☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Mr. Patrick M Mills

Mailing Address

500 S Adams Street

City

Arlington

State

VA

Zip Code

22204-2061

FEC ID number of contributing
federal political committee.

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 8 / 2 0 0 8

Amount of Each Receipt this Period

700.00

Transaction ID: A0388A24332054BAB949

B.

Full Name (Last, First, Middle Initial)

Mrs. C. Bonnie Ronan

Mailing Address

2431 56th Street SW

City

Everett

State

WA

Zip Code

98203-1479

FEC ID number of contributing
federal political committee.

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 7 / 2 0 0 8

Amount of Each Receipt this Period

1000.00

Transaction ID: A821BD235B42C4406A3E

C.

Full Name (Last, First, Middle Initial)

Ms. Katherine C Ronan

Mailing Address

829 W. Roeser Road

City

Phoenix

State

AZ

Zip Code

85041-3967

FEC ID number of contributing
federal political committee.

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 7 / 2 0 0 8

Amount of Each Receipt this Period

500.00

Transaction ID: A2E8AA5C515B84366969

SUBTOTAL of Receipts This Page (optional)

2200.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3P)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 110

(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Meyyappan Sevugan

Mailing Address

5415 N Sheridan Road, #3503

City

Chicago

State

IL

Zip Code

60640-1986

FEC ID number of contributing
federal political committee.Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	3		2	0	0	8

Amount of Each Receipt this Period

500.00

Transaction ID: AFEA8245600D74305A4F

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

6150.25

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 / 110

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Act Blue</p> <p>Mailing Address</p> <p>City State Zip Code MA</p> <p>Purpose of Disbursement Quarterly Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B2886875CCC3849179C0</p> <p>Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 25.29</p> <p>Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Advantage Payroll Services</p> <p>Mailing Address 126 Marrow Road</p> <p>City State Zip Code Auburn ME 04210</p> <p>Purpose of Disbursement Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BB5B4ED508AF643A2899</p> <p>Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 226.07</p> <p>Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Advantage Payroll Services</p> <p>Mailing Address 126 Marrow Road</p> <p>City State Zip Code Auburn ME 04210</p> <p>Purpose of Disbursement Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BBD3DF8BF0D854327AE3</p> <p>Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 83.76</p> <p>Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)

335.12

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 110

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 981535	Transaction ID: B90D553CDA9B4491596D Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 0 8</div> </div>
City El Paso State TX Zip Code 79998-1535 Purpose of Disbursement Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>274.21</div> <div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 981535 City El Paso State TX Zip Code 79998-1535 Purpose of Disbursement See Below Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BB97F9CFF99AD48D7A7E Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 8 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>15000.00</div> <div>Category/Type</div>
C. Full Name (Last, First, Middle Initial) Anthem Blue Cross Blue Shield Mailing Address 370 Bassett Road City North Haven State CT Zip Code 06473-4201 Purpose of Disbursement Health Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B199AE0DE22A447B0BF2 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 4 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>1877.01</div> <div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional) ►

17151.22

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)
Bank of America

Mailing Address P.O. Box 830175
Acct Analysis

City Dallas State TX Zip Code 75283-0175

Purpose of Disbursement
Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B8795967374AB41299B1

Date of Disbursement

/ /

Amount of Each Disbursement this Period

303.15

B.

Full Name (Last, First, Middle Initial)
Best Buy Co.

Mailing Address 1201 Hayes St

City Arlington State VA Zip Code 22202

Purpose of Disbursement
Electronics

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B0C9075B9B6B841C8AFE

Date of Disbursement

/ /

Amount of Each Disbursement this Period

264.97

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Best Western Clear Lake

Mailing Address I 35 & Highway 18 Exit 194

City Clear Lake State IA Zip Code 50428

Purpose of Disbursement
Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: BD70A661B09D14A3F8C5

Date of Disbursement

/ /

Amount of Each Disbursement this Period

70.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

303.15

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Best Western Clear Lake	Transaction ID: BD3A174BAA62148B597A Date of Disbursement																				
Mailing Address I 35 & Highway 18 Exit 194	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	0		2	0	0	7												
City Clear Lake State IA Zip Code 50428	Amount of Each Disbursement this Period																				
Purpose of Disbursement Lodging	<table border="1"> <tr> <td colspan="10">70.00</td> </tr> </table>	70.00																			
70.00																					
Candidate Name	[MEMO ITEM]																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Best Western Clear Lake	Transaction ID: B3D65657018384951B7C Date of Disbursement																				
Mailing Address I 35 & Highway 18 Exit 194	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	0		2	0	0	7												
City Clear Lake State IA Zip Code 50428	Amount of Each Disbursement this Period																				
Purpose of Disbursement Lodging	<table border="1"> <tr> <td colspan="10">210.00</td> </tr> </table>	210.00																			
210.00																					
Candidate Name	[MEMO ITEM]																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Calling Cards	Transaction ID: B766DEE4A33FD4E0F818 Date of Disbursement																				
Mailing Address 11757 Katy Frwy, Ste. 390	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	8		2	0	0	7												
City Houston State TX Zip Code 77079	Amount of Each Disbursement this Period																				
Purpose of Disbursement Conference Calling	<table border="1"> <tr> <td colspan="10">20.00</td> </tr> </table>	20.00																			
20.00																					
Candidate Name	[MEMO ITEM]																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td colspan="10">0.00</td> </tr> </table>	0.00																			
0.00																					
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

**SCHEDULE B (FEC Form 3P)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Calling Cards	Transaction ID: BC5A459B10604448CAE0 Date of Disbursement 12 / 29 / 2007
	Mailing Address 11757 Katy Frwy, Ste. 390	
	City Houston State TX Zip Code 77079	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Conference Calls	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Calling Cards	Transaction ID: B9CA0A40E54334362B25 Date of Disbursement 12 / 29 / 2007
	Mailing Address 11757 Katy Frwy, Ste. 390	
	City Houston State TX Zip Code 77079	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Conference Calls	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Calling Cards	Transaction ID: BD712E6CCC7FB4C8095B Date of Disbursement 12 / 29 / 2007
	Mailing Address 11757 Katy Frwy, Ste. 390	
	City Houston State TX Zip Code 77079	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Conference Calls	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]
	SUBTOTAL of Disbursements This Page (optional)	0.00
	TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) CT Dept Taxation	Transaction ID: B87738EFAB7E549538D6 Date of Disbursement																				
Mailing Address 25 Sigourney St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	1		2	0	0	8												
<table border="1"> <tr> <td>City Hartford</td> <td>State CT</td> <td>Zip Code 06106</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Taxes</td> <td rowspan="2">Category/ Type</td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Hartford	State CT	Zip Code 06106	Purpose of Disbursement Taxes		Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>368.18</td> </tr> </table>	368.18											
City Hartford	State CT	Zip Code 06106																			
Purpose of Disbursement Taxes		Category/ Type																			
Candidate Name																					
368.18																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:																					
B. Full Name (Last, First, Middle Initial) CT Dept Taxation	Transaction ID: B71B6C38DAB134CF8A5A Date of Disbursement																				
Mailing Address 25 Sigourney St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	5		2	0	0	8												
<table border="1"> <tr> <td>City Hartford</td> <td>State CT</td> <td>Zip Code 06106</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Taxes</td> <td rowspan="2">Category/ Type</td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Hartford	State CT	Zip Code 06106	Purpose of Disbursement Taxes		Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>368.18</td> </tr> </table>	368.18											
City Hartford	State CT	Zip Code 06106																			
Purpose of Disbursement Taxes		Category/ Type																			
Candidate Name																					
368.18																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:																					
C. Full Name (Last, First, Middle Initial) DC Dept Taxation	Transaction ID: B5774D48240E7492589F Date of Disbursement																				
Mailing Address P.O. Box 470	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	1		2	0	0	8												
<table border="1"> <tr> <td>City Washington</td> <td>State DC</td> <td>Zip Code 20044</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Taxes</td> <td rowspan="2">Category/ Type</td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Washington	State DC	Zip Code 20044	Purpose of Disbursement Taxes		Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>403.75</td> </tr> </table>	403.75											
City Washington	State DC	Zip Code 20044																			
Purpose of Disbursement Taxes		Category/ Type																			
Candidate Name																					
403.75																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:																					

SUBTOTAL of Disbursements This Page (optional)

1140.11

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

DC Dept Taxation

Mailing Address P.O. Box 470

City
Washington

State
DC

Zip Code
20044

Purpose of Disbursement
Taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: BA3C48DEF5EF74DE0BEF

Date of Disbursement

/ /

Amount of Each Disbursement this Period

360.25

B.

Full Name (Last, First, Middle Initial)

Delta Airlines

Mailing Address One Financial Plaza

City
Hartford

State
CO

Zip Code
06105

Purpose of Disbursement
Airfare

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B4A3F0C83B14C43C88FD

Date of Disbursement

/ /

Amount of Each Disbursement this Period

85.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Discover

Mailing Address P.O. Box 3016

City
New Albany

State
OH

Zip Code
43054

Purpose of Disbursement
Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B4C731AB1D3AE4F6AAE9

Date of Disbursement

/ /

Amount of Each Disbursement this Period

90.08

SUBTOTAL of Disbursements This Page (optional)

450.33

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Fairfield Inn	Transaction ID: BD4547791795D45549D8 Date of Disbursement
Mailing Address 520 30th Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 9 / 2 0 0 7</div> </div>
City Council Bluffs State IA Zip Code 51501-7686	Amount of Each Disbursement this Period
Purpose of Disbursement Lodging	<div>100.79</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Fairfield Inn	Transaction ID: BC9A754D38DAF478E933 Date of Disbursement
Mailing Address 520 30th Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 9 / 2 0 0 7</div> </div>
City Council Bluffs State IA Zip Code 51501-7686	Amount of Each Disbursement this Period
Purpose of Disbursement Lodging	<div>100.79</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Fairfield Inn	Transaction ID: BCBA1922C763D4A11BB7 Date of Disbursement
Mailing Address 520 30th Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 9 / 2 0 0 7</div> </div>
City Council Bluffs State IA Zip Code 51501-7686	Amount of Each Disbursement this Period
Purpose of Disbursement Lodging	<div>111.99</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Fairfield Inn</p> <p>Mailing Address 520 30th Avenue</p> <p>City Council Bluffs State IA Zip Code 51501-7686</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BCE5BC7C3555547EB85E</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 111.99</p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Fairfield Inn</p> <p>Mailing Address 520 30th Avenue</p> <p>City Council Bluffs State IA Zip Code 51501-7686</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B3F889CAC4C7549D5B5B</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 100.79</p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Fairfield Inn</p> <p>Mailing Address 520 30th Avenue</p> <p>City Council Bluffs State IA Zip Code 51501-7686</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B15555B6BAAFF4EDE85F</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 100.79</p> <p>[MEMO ITEM]</p>
<p>SUBTOTAL of Disbursements This Page (optional) ► 0.00</p>	
<p>TOTAL This Period (last page this line number only) ►</p>	

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Fairfield Inn</p> <p>Mailing Address 520 30th Avenue</p> <p>City Council Bluffs State IA Zip Code 51501-7686</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B5BE23559A2C048E6B0C</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 100.79</p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Fairfield Inn</p> <p>Mailing Address 520 30th Avenue</p> <p>City Council Bluffs State IA Zip Code 51501-7686</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BA366BC3CFFB547C3B2A</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 593.53</p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Fairfield Inn</p> <p>Mailing Address 520 30th Avenue</p> <p>City Council Bluffs State IA Zip Code 51501-7686</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BF9A4C337F20047938EA</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 83.99</p> <p>[MEMO ITEM]</p>
<p>SUBTOTAL of Disbursements This Page (optional) ► 0.00</p>	
<p>TOTAL This Period (last page this line number only) ►</p>	

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 / 110

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Federal Express Mailing Address P.O. Box 727	Transaction ID: B38C7CDCB598C41B09B7 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 8 / 2 0 0 8</div> </div>
City State Zip Code Memphis TN 38194 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>33.44</div>
B. Full Name (Last, First, Middle Initial) FedEx Mailing Address P.O. Box 371461 City State Zip Code Pittsburgh PA 15250-7461 Purpose of Disbursement Courier Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B1A7710BFD1D14E0BADC Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 4 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>33.44</div>
C. Full Name (Last, First, Middle Initial) FedEx Mailing Address P.O. Box 371461 City State Zip Code Pittsburgh PA 15250-7461 Purpose of Disbursement Courier Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B96FCC149ECF64967B87 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 6 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>17.04</div> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ►

66.88

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 / 110

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) FedEx Mailing Address P.O. Box 371461	Transaction ID: BE5E0600C4CB04B009AD Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 7 / 2 0 0 7</div> </div>
City State Zip Code Pittsburgh PA 15250-7461 Purpose of Disbursement Courier Services Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>17.04</div> [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) FedEx Mailing Address P.O. Box 371461 City State Zip Code Pittsburgh PA 15250-7461 Purpose of Disbursement Courier Services Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Transaction ID: BBA4FF2FAF65F483CBC7 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 8 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>19.62</div> [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) FedEx Mailing Address P.O. Box 371461 City State Zip Code Pittsburgh PA 15250-7461 Purpose of Disbursement Courier Services Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Transaction ID: B7CB19E38C2254B64AAA Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 2 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>17.04</div> [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ► <div>0.00</div>	
TOTAL This Period (last page this line number only) ► <div></div>	

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) FedEx Mailing Address P.O. Box 371461	Transaction ID: B05EE821B1D1949B2BB6 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 3 / 2 0 0 8</div> </div>
City State Zip Code Pittsburgh PA 15250-7461 Purpose of Disbursement Courier Services Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>17.04</div> [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) FedEx Mailing Address P.O. Box 371461 City State Zip Code Pittsburgh PA 15250-7461 Purpose of Disbursement Courier Services Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Transaction ID: BD599585BB951424C886 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 8 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>43.26</div> [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) FedEx Mailing Address P.O. Box 371461 City State Zip Code Pittsburgh PA 15250-7461 Purpose of Disbursement Courier Services Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Transaction ID: BF9491959E9CC4384A13 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>24.07</div> [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 33 / 110

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

FedEx

Mailing Address P.O. Box 371461

City
Pittsburgh

State
PA

Zip Code
15250-7461

Purpose of Disbursement
Courier Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B3A57BD0436AB4BE98B4

Date of Disbursement

MM / DD / YYYY
01 / 16 / 2008

Amount of Each Disbursement this Period

28.85

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

FedEx

Mailing Address P.O. Box 371461

City
Pittsburgh

State
PA

Zip Code
15250-7461

Purpose of Disbursement
Courier Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: BADA745EFF1D7457A995

Date of Disbursement

MM / DD / YYYY
01 / 16 / 2008

Amount of Each Disbursement this Period

71.30

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Free Media, Inc.

Mailing Address 777 West End Avenue
#5C

City
New York

State
NY

Zip Code
10025

Purpose of Disbursement
Advance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B3675B6119417434F9D4

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2008

Amount of Each Disbursement this Period

5100.00

SUBTOTAL of Disbursements This Page (optional)

5100.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 / 110

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Friends of Chris Dodd Mailing Address PO BOX 270701	Transaction ID: B4536BE94F2324D63AED Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 0 8</div> </div>
City West Hartford State CT Zip Code 06127 Purpose of Disbursement Re-designation of funds Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>67800.00</div> <div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) Hampton Inn Mailing Address 3583 ST. Mathews Road City Orangeburg State SC Zip Code 29118 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: BA315CF5C2936478DAF8 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 3 1 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>133.28</div> <div>Category/Type</div> <p>[MEMO ITEM]</p>
C. Full Name (Last, First, Middle Initial) Hampton Inn Mailing Address 3583 ST. Mathews Road City Orangeburg State SC Zip Code 29118 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B872325D1F8B5447599E Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 1 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>1466.08</div> <div>Category/Type</div> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)

67800.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 / 110

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Hampton Inn	Transaction ID: B89BC48984B2346BD94D Date of Disbursement																				
Mailing Address 3583 ST. Mathews Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	2		2	0	0	8												
City Orangeburg State SC Zip Code 29118	Amount of Each Disbursement this Period																				
Purpose of Disbursement Lodging	<table border="1"> <tr> <td colspan="10">421.12</td> </tr> </table>	421.12																			
421.12																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:	[MEMO ITEM]																				
B. Full Name (Last, First, Middle Initial) Hilton	Transaction ID: BC328943B357D4812B81 Date of Disbursement																				
Mailing Address 234 W 42nd Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	2		2	0	0	8												
City New York State NY Zip Code 10036-7215	Amount of Each Disbursement this Period																				
Purpose of Disbursement Lodging	<table border="1"> <tr> <td colspan="10">378.56</td> </tr> </table>	378.56																			
378.56																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:	[MEMO ITEM]																				
C. Full Name (Last, First, Middle Initial) Home Depot	Transaction ID: B425FE846C51F493A9F0 Date of Disbursement																				
Mailing Address 2455 Falls Ferry Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	9		2	0	0	7												
City Atlanta State GA Zip Code 30339	Amount of Each Disbursement this Period																				
Purpose of Disbursement Office Supplies	<table border="1"> <tr> <td colspan="10">239.97</td> </tr> </table>	239.97																			
239.97																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:	[MEMO ITEM]																				

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Home Depot

Mailing Address 2455 Falls Ferry Road

City Atlanta State GA Zip Code 30339

Purpose of Disbursement
Supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: BC032401044254BF2995

Date of Disbursement

12 / 30 / 2007

Amount of Each Disbursement this Period

168.26

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Hotel Winneshiek

Mailing Address 104 East Water Street

City Decorah State IA Zip Code

Purpose of Disbursement
Hotel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B9B1AC188D1354898BBD

Date of Disbursement

12 / 30 / 2007

Amount of Each Disbursement this Period

156.80

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Hotel Winneshiek

Mailing Address 104 East Water Street

City Decorah State IA Zip Code

Purpose of Disbursement
Hotel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B3DDE9270841E4E87A13

Date of Disbursement

12 / 30 / 2007

Amount of Each Disbursement this Period

156.80

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 37 / 110

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) HyVee Mailing Address 170 E. Washington	Transaction ID: B58117365997A4A9F988 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 9 / 2 0 0 7</div> </div>
<div> <div>City Mt. Pleasant State IA Zip Code 52641</div> <div> Purpose of Disbursement Food & Beverage Candidate Name </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div> <div>Category/Type</div> </div>	Amount of Each Disbursement this Period <div>84.80</div> [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) HyVee Mailing Address 170 E. Washington	Transaction ID: B9EF49C39D99D475B8A7 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 2 / 2 0 0 8</div> </div>
<div> <div>City Mt. Pleasant State IA Zip Code 52641</div> <div> Purpose of Disbursement Food & Beverage Candidate Name </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div> <div>Category/Type</div> </div>	Amount of Each Disbursement this Period <div>165.30</div> [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) IRS Mailing Address P.O. Box 8530	Transaction ID: BBF62D9E9BF1F4A318B4 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 1 / 2 0 0 8</div> </div>
<div> <div>City Philadelphia State PA Zip Code 19162</div> <div> Purpose of Disbursement Taxes Candidate Name </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div> <div>Category/Type</div> </div>	Amount of Each Disbursement this Period <div>3412.28</div>

SUBTOTAL of Disbursements This Page (optional)

3412.28

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 38 / 110

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) IRS	Transaction ID: B0225025B6D4541AC94E Date of Disbursement																				
Mailing Address P.O. Box 8530	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	5		2	0	0	8												
City Philadelphia State PA Zip Code 19162	Amount of Each Disbursement this Period																				
Purpose of Disbursement Taxes	<table border="1"> <tr> <td colspan="10">3384.84</td> </tr> </table>	3384.84																			
3384.84																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Jason's Deli	Transaction ID: B8CF2B26C29A34B5F9C4 Date of Disbursement																				
Mailing Address 3910 University Ave. #90	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	9		2	0	0	7												
City West Des Moines State IA Zip Code 50266-1057	Amount of Each Disbursement this Period																				
Purpose of Disbursement Food & Beverage	<table border="1"> <tr> <td colspan="10">20.00</td> </tr> </table>	20.00																			
20.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Jason's Deli	Transaction ID: BDB042BB1E45F4CDBB80 Date of Disbursement																				
Mailing Address 3910 University Ave. #90	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	9		2	0	0	7												
City West Des Moines State IA Zip Code 50266-1057	Amount of Each Disbursement this Period																				
Purpose of Disbursement Food & Beverage	<table border="1"> <tr> <td colspan="10">243.50</td> </tr> </table>	243.50																			
243.50																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3384.84

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3P)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 39 / 110

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

La Quinta Inn & Suites

Mailing Address 909 Hidden Ridge, Suite 600

City Irving State TX Zip Code 75038

Purpose of Disbursement
Lodging

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: BA71CED8505AA4BEBBE1

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	0	7

Amount of Each Disbursement this Period

88.48

[MEMO ITEM]**B.**

Full Name (Last, First, Middle Initial)

La Quinta Inn & Suites

Mailing Address 909 Hidden Ridge, Suite 600

City Irving State TX Zip Code 75038

Purpose of Disbursement
Lodging

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: BE973C8B9058A4340A5A

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	2	/	2	0	0	8

Amount of Each Disbursement this Period

88.48

[MEMO ITEM]**C.**

Full Name (Last, First, Middle Initial)

Moseley Associates, Ltd.

Mailing Address PO Box 706

City White River Jct. State VT Zip Code 05001

Purpose of Disbursement
Rent

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B29C029569FB34268920

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	1	/	2	0	0	8

Amount of Each Disbursement this Period

911.16

SUBTOTAL of Disbursements This Page (optional)

911.16

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 40 / 110

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Northwest Airlines	Transaction ID: B4C0662DF8E764EE3BAC Date of Disbursement																				
Mailing Address 7500 Airline Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	9		2	0	0	7												
City Minneapolis State MN Zip Code 55450-1101	Amount of Each Disbursement this Period																				
Purpose of Disbursement Airfare Candidate Name	<table border="1"> <tr> <td colspan="10">10.00</td> </tr> </table>	10.00																			
10.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type	[MEMO ITEM]																				
B. Full Name (Last, First, Middle Initial) Northwest Airlines	Transaction ID: BCE2F0898A0FF4E38B01																				
Mailing Address 7500 Airline Drive	Date of Disbursement																				
City Minneapolis State MN Zip Code 55450-1101	Amount of Each Disbursement this Period																				
Purpose of Disbursement Airfare Candidate Name	<table border="1"> <tr> <td colspan="10">121.01</td> </tr> </table>	121.01																			
121.01																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type	[MEMO ITEM]																				
C. Full Name (Last, First, Middle Initial) Northwest Airlines	Transaction ID: B05D102AFDEE545A9B03																				
Mailing Address 7500 Airline Drive	Date of Disbursement																				
City Minneapolis State MN Zip Code 55450-1101	Amount of Each Disbursement this Period																				
Purpose of Disbursement Airfare Candidate Name	<table border="1"> <tr> <td colspan="10">695.09</td> </tr> </table>	695.09																			
695.09																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type	[MEMO ITEM]																				
SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td colspan="10">0.00</td> </tr> </table>	0.00																			
0.00																					
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 41 / 110

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

OfficeMax, Inc.

Mailing Address

City
Des Moines

State
IA

Zip Code

Purpose of Disbursement
Office Supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B7AAFB9BA670C47E592E

Date of Disbursement

MM / DD / YYYY
12 / 29 / 2007

Amount of Each Disbursement this Period

203.39

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

OfficeMax, Inc.

Mailing Address

City
Des Moines

State
IA

Zip Code

Purpose of Disbursement
Office Supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B946617835F6F40DFB2A

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2007

Amount of Each Disbursement this Period

365.20

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Papa John's

Mailing Address

City
Des Moines

State
IA

Zip Code

Purpose of Disbursement
Food & Beverage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B01FCB144D494453E966

Date of Disbursement

MM / DD / YYYY
01 / 02 / 2008

Amount of Each Disbursement this Period

92.58

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 42 / 110

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

<p>A.</p> <p>Full Name (Last, First, Middle Initial) PayAmerica</p> <p>Mailing Address 5620 Paseo Norte 127</p> <p>City Carlsbad State CA Zip Code 92008</p> <p>Purpose of Disbursement Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B91ADCB02F4034EA6868</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="824.71"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address P.O. Box 270701</p> <p>City West Hartford State CT Zip Code 06127</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B0793F2C6E66C4688909</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="325.00"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Sheraton Iowa City</p> <p>Mailing Address 210 S. Dubuque Street</p> <p>City Iowa City State IA Zip Code 52240-4016</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BA0B7578D69FE4B58ABB</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="713.28"/></p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)

1149.71

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 43 / 110

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Sheraton Iowa City	Transaction ID: B2E4AC87D649641E5AC0 Date of Disbursement																				
Mailing Address 210 S. Dubuque Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	2		2	0	0	8												
City Iowa City State IA Zip Code 52240-4016	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">724.15</td> </tr> </table>	724.15																			
724.15																					
Purpose of Disbursement Lodging Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					
B. Full Name (Last, First, Middle Initial) Super 8 Motel	Transaction ID: B1A54E4E35AB3445188F Date of Disbursement																				
Mailing Address	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	2		2	0	0	8												
City Carroll State IA Zip Code	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">131.52</td> </tr> </table>	131.52																			
131.52																					
Purpose of Disbursement Lodging Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					
C. Full Name (Last, First, Middle Initial) The Hotel Fort Des Moines	Transaction ID: B1A4C627E62114D50B6C Date of Disbursement																				
Mailing Address 1000 Walnut Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	8		2	0	0	7												
City Des Moines State IA Zip Code 50309	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">222.88</td> </tr> </table>	222.88																			
222.88																					
Purpose of Disbursement Lodging Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					
SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td colspan="10">0.00</td> </tr> </table>	0.00																			
0.00																					
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 44 / 110

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) The Hotel Fort Des Moines	Transaction ID: B5D30EA0DBD8C4D44A59 Date of Disbursement																				
Mailing Address 1000 Walnut Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	8		2	0	0	7												
City Des Moines State IA Zip Code 50309	Amount of Each Disbursement this Period																				
Purpose of Disbursement Lodging	<table border="1"> <tr> <td>6</td><td>3</td><td>5</td><td>.</td><td>0</td><td>4</td> </tr> </table>	6	3	5	.	0	4														
6	3	5	.	0	4																
Candidate Name	[MEMO ITEM]																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) The Hotel Fort Des Moines	Transaction ID: BB00593ACEB914B6181F Date of Disbursement																				
Mailing Address 1000 Walnut Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	1		2	0	0	8												
City Des Moines State IA Zip Code 50309	Amount of Each Disbursement this Period																				
Purpose of Disbursement Lodging	<table border="1"> <tr> <td>3</td><td>1</td><td>7</td><td>.</td><td>5</td><td>.</td><td>2</td><td>0</td> </tr> </table>	3	1	7	.	5	.	2	0												
3	1	7	.	5	.	2	0														
Candidate Name	[MEMO ITEM]																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) The Hotel Fort Des Moines	Transaction ID: B233B759BC2CD4337970 Date of Disbursement																				
Mailing Address 1000 Walnut Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	2		2	0	0	8												
City Des Moines State IA Zip Code 50309	Amount of Each Disbursement this Period																				
Purpose of Disbursement Lodging	<table border="1"> <tr> <td>1</td><td>4</td><td>8</td><td>.</td><td>1</td><td>.</td><td>6</td><td>6</td> </tr> </table>	1	4	8	.	1	.	6	6												
1	4	8	.	1	.	6	6														
Candidate Name	[MEMO ITEM]																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 45 / 110

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Mr. Marc Beltrame	Transaction ID: B95A71F4A35ED474DA69 Date of Disbursement																				
Mailing Address 3409 SW 44th Place	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	1		2	0	0	8												
City Des Moines State IA Zip Code 50321-1819	Amount of Each Disbursement this Period																				
Purpose of Disbursement Expenses	<table border="1"> <tr> <td colspan="10">539.82</td> </tr> </table>	539.82																			
539.82																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Kathryn Damato	Transaction ID: B17EBFE5EA12442C7B41 Date of Disbursement																				
Mailing Address 10 Blackhawk Lane	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	1		2	0	0	8												
City West Hartford State CT Zip Code 06117	Amount of Each Disbursement this Period																				
Purpose of Disbursement Salary	<table border="1"> <tr> <td colspan="10">2009.85</td> </tr> </table>	2009.85																			
2009.85																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Kathryn Damato	Transaction ID: B801C83EB2380478EA58 Date of Disbursement																				
Mailing Address 10 Blackhawk Lane	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	5		2	0	0	8												
City West Hartford State CT Zip Code 06117	Amount of Each Disbursement this Period																				
Purpose of Disbursement Salary	<table border="1"> <tr> <td colspan="10">2009.85</td> </tr> </table>	2009.85																			
2009.85																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

4559.52

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 46 / 110

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Mr. Jonathan Epstein	Transaction ID: B8B82D25E7BE84B76821 Date of Disbursement																				
Mailing Address 2323 Watside Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	1		2	0	0	8												
City Atlanta State GA Zip Code 30319-4011	Amount of Each Disbursement this Period																				
Purpose of Disbursement Political Consulting	<table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Emily Fetting	Transaction ID: B54730044727840DCB95 Date of Disbursement																				
Mailing Address 4601 Roland Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	1		2	0	0	8												
City Baltimore State MD Zip Code 21210-2542	Amount of Each Disbursement this Period																				
Purpose of Disbursement Salary	<table border="1"> <tr> <td>1169.87</td> </tr> </table>	1169.87																			
1169.87																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Emily Fetting	Transaction ID: B0CD36D712CD24AAA978 Date of Disbursement																				
Mailing Address 4601 Roland Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	5		2	0	0	8												
City Baltimore State MD Zip Code 21210-2542	Amount of Each Disbursement this Period																				
Purpose of Disbursement Salary	<table border="1"> <tr> <td>1169.87</td> </tr> </table>	1169.87																			
1169.87																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

4339.74

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Mr. Vincent Frillici	Transaction ID: B3C4AA5FD5886464FA29 Date of Disbursement																				
Mailing Address 1100 H St., Ste.940 NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	1		2	0	0	8												
City Washington State DC Zip Code 20005-5476 Purpose of Disbursement Salary Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>9</td><td>.</td><td>1</td><td>4</td> </tr> </table>	1	2	3	9	.	1	4													
1	2	3	9	.	1	4															
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
B. Full Name (Last, First, Middle Initial) Mr. Vincent Frillici	Transaction ID: BAD9925964E5A4D709D9 Date of Disbursement																				
Mailing Address 1100 H St., Ste.940 NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	5		2	0	0	8												
City Washington State DC Zip Code 20005-5476 Purpose of Disbursement Salary Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>9</td><td>.</td><td>1</td><td>2</td> </tr> </table>	1	2	3	9	.	1	2													
1	2	3	9	.	1	2															
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
C. Full Name (Last, First, Middle Initial) Mr. Vincent E. Fusco	Transaction ID: B0055D7A2D36A484E8AA Date of Disbursement																				
Mailing Address 3521 39th St. NW Suite E-497	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	1		2	0	0	8												
City Washington State DC Zip Code 20016-3069 Purpose of Disbursement Tech/Computer Consulting Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>0</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table>	1	0	0	0	.	0	0													
1	0	0	0	.	0	0															
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				

SUBTOTAL of Disbursements This Page (optional)

12478.26

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Ms. Euginia Gluzberg	Transaction ID: BB5ECB619EA6641A3921 Date of Disbursement																				
Mailing Address 1380 Paradise Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	1		2	0	0	8												
City Hamden State CT Zip Code 06514-1017	Amount of Each Disbursement this Period																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">1160.24</td> </tr> </table>	1160.24																			
1160.24																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Ms. Euginia Gluzberg	Transaction ID: B247ED86C565C47BB8E5 Date of Disbursement																				
Mailing Address 1380 Paradise Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	5		2	0	0	8												
City Hamden State CT Zip Code 06514-1017	Amount of Each Disbursement this Period																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">1160.24</td> </tr> </table>	1160.24																			
1160.24																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Debra Greenspan	Transaction ID: B9ABA6C4044DB42C6BB3 Date of Disbursement																				
Mailing Address 1703 East West Highway #511	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	1		2	0	0	8												
City Silver Spring State MD Zip Code 20910-3031	Amount of Each Disbursement this Period																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">768.89</td> </tr> </table>	768.89																			
768.89																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td colspan="10">3089.37</td> </tr> </table>	3089.37																			
3089.37																					
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 49 / 110

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Debra Greenspan	Transaction ID: BB89E59E5DC264D65973 Date of Disbursement																				
Mailing Address 1703 East West Highway #511	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	5		2	0	0	8												
City Silver Spring State MD Zip Code 20910-3031	Amount of Each Disbursement this Period																				
Purpose of Disbursement Salary Candidate Name Category/Type	<table border="1"> <tr> <td colspan="10">768.87</td> </tr> </table>	768.87																			
768.87																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:																					
B. Full Name (Last, First, Middle Initial) Ms. Melissa Scully	Transaction ID: B4AD08D5F56F24580BA6 Date of Disbursement																				
Mailing Address 4 Pine Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	1		2	0	0	8												
City Unionville State CT Zip Code 06085-1520	Amount of Each Disbursement this Period																				
Purpose of Disbursement Salary Candidate Name Category/Type	<table border="1"> <tr> <td colspan="10">967.49</td> </tr> </table>	967.49																			
967.49																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:																					
C. Full Name (Last, First, Middle Initial) Ms. Melissa Scully	Transaction ID: B8A86639C0F0043B9B6B Date of Disbursement																				
Mailing Address 4 Pine Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	8												
City Unionville State CT Zip Code 06085-1520	Amount of Each Disbursement this Period																				
Purpose of Disbursement Reimbursement for parking Candidate Name Category/Type	<table border="1"> <tr> <td colspan="10">195.00</td> </tr> </table>	195.00																			
195.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:																					

SUBTOTAL of Disbursements This Page (optional)

1931.36

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 50 / 110

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Ms. Melissa Scully	Transaction ID: B0FA970FE07874429819 Date of Disbursement																				
Mailing Address 4 Pine Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	5		2	0	0	8												
City Unionville State CT Zip Code 06085-1520	Amount of Each Disbursement this Period																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">967.50</td> </tr> </table>	967.50																			
967.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Richard Wilkins	Transaction ID: BD2182104F806472F9F1 Date of Disbursement																				
Mailing Address 1115 Grand Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	5		2	0	0	8												
City Des Moines State IA Zip Code 50309-2909	Amount of Each Disbursement this Period																				
Purpose of Disbursement Candidate Name	<table border="1"> <tr> <td colspan="10">346.32</td> </tr> </table>	346.32																			
346.32																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Philip Yoo	Transaction ID: B3651665DC5EF4FA981B Date of Disbursement																				
Mailing Address 603 Irving Street, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	1		2	0	0	8												
City Washington State DC Zip Code 20010-2905	Amount of Each Disbursement this Period																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">1334.10</td> </tr> </table>	1334.10																			
1334.10																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

2647.92

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Philip Yoo

Mailing Address 603 Irving Street, NW

City
Washington

State
DC

Zip Code
20010-2905

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B20C59CB1EEDB47CFA3A

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1334.10

SUBTOTAL of Disbursements This Page (optional)

1334.10

TOTAL This Period (last page this line number only)

131585.07

**SCHEDULE B (FEC Form 3P)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 52 / 110

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Wayne Holman

Mailing Address Ridgeback Capital
430 Park Ave

City New York State NY Zip Code 10022-3505

Purpose of Disbursement
Refund

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B1F188E6CE7DA41F9ACC

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	0	8

Amount of Each Disbursement this Period

2300.00

SUBTOTAL of Disbursements This Page (optional)

2300.00

TOTAL This Period (last page this line number only)

2300.00

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 53 / 110

FOR LINE NUMBER:
(check only one)☐ 19a
☒ 19bNAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

Transaction ID: C9F661A377D414848B83

LOAN SOURCE Full Name (Last, First, Middle Initial)

Webster Bank

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 185 Asylum Street

City Hartford State CT ZIP Code 06103-3401

Original Amount of Loan

1302811.25

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1302811.25

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
1 2D D
1 4Y Y Y Y
2 0 0 7

20080430

6.75 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

1302811.25

TOTALS This Period (last page in this line only) ▶

1302811.25

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 54 / 110

FOR LINE NUMBER:
(check only one)
☐ 11
☒ 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Universal Printing Company LLC

Nature of Debt (Purpose):
Printing

Mailing Address 1101 Penn Avenue

City State ZIP Code
Scranton PA 18509

Outstanding Balance Beginning This Period

2327.31

Transaction ID: D0A1C9B9020DA4F7F9B3

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2327.31

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Universal Printing Company LLC

Nature of Debt (Purpose):
Printing

Mailing Address 1101 Penn Avenue

City State ZIP Code
Scranton PA 18509

Outstanding Balance Beginning This Period

411.45

Transaction ID: D0B46426F11F0465B888

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

411.45

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Universal Printing Company LLC

Nature of Debt (Purpose):
Printing

Mailing Address 1101 Penn Avenue

City State ZIP Code
Scranton PA 18509

Outstanding Balance Beginning This Period

348.36

Transaction ID: D68AD64DCDC624C69A94

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

348.36

1) **SUBTOTALS** This Period This Page (optional).....

3087.12

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 55 / 110

FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
The Immediacy GroupNature of Debt (Purpose):
Television

Mailing Address 1800 S Street

City State ZIP Code
Washington DC 20009

Outstanding Balance Beginning This Period

45000.00

Transaction ID: D4C86C8799F3445D78A5

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

45000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
The Immediacy GroupNature of Debt (Purpose):
Television

Mailing Address 1800 S Street

City State ZIP Code
Washington DC 20009

Outstanding Balance Beginning This Period

65000.00

Transaction ID: D6EC88DE849224213A22

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

65000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Newman and Leventhal Caterers, Inc.Nature of Debt (Purpose):
Caterer

Mailing Address 45 West 81st Street

City State ZIP Code
New York NY 10024-6025

Outstanding Balance Beginning This Period

2136.07

Transaction ID: D2FDEA7A6FB3F461FA7F

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2136.07

1) SUBTOTALS This Period This Page (optional).....

112136.07

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 56 / 110

FOR LINE NUMBER:
(check only one)
☐ 11
☒ 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Carter Printing

Nature of Debt (Purpose):
Printing

Mailing Address 1739 East Grand Avenue

City State ZIP Code
Des Moines IA 50316

Outstanding Balance Beginning This Period

7233.31

Transaction ID: D3239DDE2C2B14D02B40

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7233.31

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
The Dubuque Leader

Nature of Debt (Purpose):
Printing

Mailing Address 1527 Central Avenue

City State ZIP Code
Dubuque IA 52004

Outstanding Balance Beginning This Period

360.50

Transaction ID: D308E0032B374413E8A3

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

360.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
UPS

Nature of Debt (Purpose):
Shipping

Mailing Address PO Box 7247-0244

City State ZIP Code
Philadelphia PA 19170

Outstanding Balance Beginning This Period

427.18

Transaction ID: DC7364FE5C9E54CCCA73

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

427.18

1) **SUBTOTALS** This Period This Page (optional).....

8020.99

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 57 / 110

FOR LINE NUMBER:
(check only one)
☐ 11
☒ 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
The Immediacy Group

Nature of Debt (Purpose):
Television

Mailing Address 1800 S Street

City State ZIP Code
Washington DC 20009

Outstanding Balance Beginning This Period

50000.00

Transaction ID: DE079EBE7C9854073A8E

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

50000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Freeman

Nature of Debt (Purpose):
Event Rental

Mailing Address P.O. Box 650036

City State ZIP Code
Dallas TX 75265-0036

Outstanding Balance Beginning This Period

2774.87

Transaction ID: D762D234592FA4797973

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2774.87

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Universal Printing Company LLC

Nature of Debt (Purpose):
Printing

Mailing Address 1101 Penn Avenue

City State ZIP Code
Scranton PA 18509

Outstanding Balance Beginning This Period

485.08

Transaction ID: DC5C4695FC2C6478F875

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

485.08

1) **SUBTOTALS** This Period This Page (optional).....

53259.95

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 58 / 110

FOR LINE NUMBER:
(check only one)
☐ 11
☒ 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cedar Rapids Municipal Utilities

Nature of Debt (Purpose):
Utilities

Mailing Address PO Box 3255

City State ZIP Code
Cedar Rapids IA 52406

Outstanding Balance Beginning This Period

165.81

Transaction ID: D9457B91CEE0540E8A08

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

165.81

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Kilkenney's

Nature of Debt (Purpose):
Food & Beverage

Mailing Address 300 West 3rd Street

City State ZIP Code
Davenport IA 52801-1208

Outstanding Balance Beginning This Period

220.00

Transaction ID: DE9F171102B294984BCD

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

220.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cox Communications

Nature of Debt (Purpose):
Internet Services

Mailing Address PO Box 6059

City State ZIP Code
Cypress CA 90630

Outstanding Balance Beginning This Period

138.02

Transaction ID: DEAECEB41D358C496EAE8

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

138.02

1) **SUBTOTALS** This Period This Page (optional).....

523.83

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 59 / 110

FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Frontline ProductionsNature of Debt (Purpose):
Lighting & Video

Mailing Address 125 Hemlock Drive

City State ZIP Code
Deep River CT 06417

Outstanding Balance Beginning This Period

885.00

Transaction ID: DF269F8B8076845BAB94

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

885.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Heartland Flagpoles and FlagsNature of Debt (Purpose):
Flags

Mailing Address 3719 SW 9th Street

City State ZIP Code
Des Moines IA 50315

Outstanding Balance Beginning This Period

436.60

Transaction ID: D42D026888D4F47D198F

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

436.60

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
UPSNature of Debt (Purpose):
Shippng

Mailing Address PO Box 7247-0244

City State ZIP Code
Philadelphia PA 19170

Outstanding Balance Beginning This Period

126.91

Transaction ID: D46BD2137637F4679A43

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

126.91

1) SUBTOTALS This Period This Page (optional).....

1448.51

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 60 / 110

FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Geoff LuxenbergNature of Debt (Purpose):
Reimbursement for Gas/Pay-
ment for signat

Mailing Address 249A New State Road

City State ZIP Code
Manchester CT 06042-7959

Outstanding Balance Beginning This Period

107.00

Transaction ID: D3BEB98490D8F4B87A07

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

107.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
U.S. Express Inc.Nature of Debt (Purpose):
Courier Services

Mailing Address 3240 Hubbard Road

City State ZIP Code
Landover MD 20785

Outstanding Balance Beginning This Period

160.24

Transaction ID: D80871DA60A7642ADAA1

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

160.24

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Public Service of New HampshireNature of Debt (Purpose):
Utilities

Mailing Address P.O. Box 360

City State ZIP Code
Manchester NH 03105-0360

Outstanding Balance Beginning This Period

376.44

Transaction ID: DD1D454DB157C4318B67

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

376.44

1) SUBTOTALS This Period This Page (optional).....

643.68

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 61 / 110

FOR LINE NUMBER:
(check only one)
☐ 11
☒ 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Public Service of New Hampshire

Nature of Debt (Purpose):
Utilities

Mailing Address P.O. Box 360

City	State	ZIP Code
Manchester	NH	03105-0360

Outstanding Balance Beginning This Period

246.08

Transaction ID: DE82D6F912C4D47CB9A5

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

246.08

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Public Service of New Hampshire

Nature of Debt (Purpose):
Utilities

Mailing Address P.O. Box 360

City	State	ZIP Code
Manchester	NH	03105-0360

Outstanding Balance Beginning This Period

993.78

Transaction ID: D5B30D2CCB1A941208DC

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

993.78

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Public Service of New Hampshire

Nature of Debt (Purpose):
Utilities

Mailing Address P.O. Box 360

City	State	ZIP Code
Manchester	NH	03105-0360

Outstanding Balance Beginning This Period

131.82

Transaction ID: D5B0C3B4DA75E4096B6A

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

131.82

1) **SUBTOTALS** This Period This Page (optional).....

1371.68

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 62 / 110

FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Operations UnLimited, Inc.Nature of Debt (Purpose):
Office Operations

Mailing Address 113 Hilands Place

City State ZIP Code
Pittsburgh PA 15237

Outstanding Balance Beginning This Period

280.00

Transaction ID: D7C7D4BF737944E5A9A0

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

280.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Operations UnLimited, Inc.Nature of Debt (Purpose):
Office Operations Consult-
ing

Mailing Address 113 Hilands Place

City State ZIP Code
Pittsburgh PA 15237

Outstanding Balance Beginning This Period

2648.11

Transaction ID: D0126046A41F34134AE6

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2648.11

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Charles George Trucking Co., Inc.Nature of Debt (Purpose):
Utilities

Mailing Address PO Box 857

City State ZIP Code
Londonberry NH 03053

Outstanding Balance Beginning This Period

535.52

Transaction ID: D6710E52FE45143BEBAF

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

535.52

1) SUBTOTALS This Period This Page (optional).....

3463.63

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 63 / 110

FOR LINE NUMBER:
(check only one)
☐ 11
☒ 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Embarq

Nature of Debt (Purpose):
Telephone

Mailing Address PO Box 660068

City State ZIP Code
Dallas TX 75266

Outstanding Balance Beginning This Period

1064.16

Transaction ID: DBF0B293CD60A40ED8E0

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1064.16

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Embarq

Nature of Debt (Purpose):
Telephone

Mailing Address PO Box 660068

City State ZIP Code
Dallas TX 75266

Outstanding Balance Beginning This Period

378.82

Transaction ID: DF4A4422265684FB29B9

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

378.82

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
AT&T

Nature of Debt (Purpose):
Telephone

Mailing Address P.O. Box 8110

City State ZIP Code
Aurora IL 60572

Outstanding Balance Beginning This Period

304.30

Transaction ID: DD45DB76A7149485EADE

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

304.30

1) **SUBTOTALS** This Period This Page (optional).....

1747.28

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 64 / 110

FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
AT&TNature of Debt (Purpose):
Telephone

Mailing Address P.O. Box 8110

City State ZIP Code
Aurora IL 60572

Outstanding Balance Beginning This Period

1861.62

Transaction ID: DFE38B3A3574543178FC

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1861.62

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
AT&TNature of Debt (Purpose):
Telephone

Mailing Address P.O. Box 8110

City State ZIP Code
Aurora IL 60572

Outstanding Balance Beginning This Period

1055.11

Transaction ID: D561E5E0579E7422A8F4

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1055.11

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Waste ManagementNature of Debt (Purpose):
Utilities

Mailing Address PO Box 756

City State ZIP Code
Des Moines IA 50303

Outstanding Balance Beginning This Period

149.94

Transaction ID: D26D95FA926E146209F5

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

149.94

1) **SUBTOTALS** This Period This Page (optional).....

3066.67

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 65 / 110

FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Perkins CoieNature of Debt (Purpose):
Legal ServicesMailing Address Centralized Accounting Dept.
1201 Third Ave., 40th FloorCity State ZIP Code
Seattle WA 98101-3099

Outstanding Balance Beginning This Period

25037.09

Transaction ID: D2550339EB07C40E994D

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

25037.09

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Perkins CoieNature of Debt (Purpose):
Legal ServicesMailing Address Centralized Accounting Dept.
1201 Third Ave., 40th FloorCity State ZIP Code
Seattle WA 98101-3099

Outstanding Balance Beginning This Period

20016.20

Transaction ID: D14FCCBCA21B449EB877

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20016.20

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Perkins CoieNature of Debt (Purpose):
Legal ServicesMailing Address Centralized Accounting Dept.
1201 Third Ave., 40th FloorCity State ZIP Code
Seattle WA 98101-3099

Outstanding Balance Beginning This Period

25134.72

Transaction ID: D2900156C49674E41A2B

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

25134.72

1) **SUBTOTALS** This Period This Page (optional).....

70188.01

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 66 / 110

FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Perkins CoieNature of Debt (Purpose):
Legal ServicesMailing Address Centralized Accounting Dept.
1201 Third Ave., 40th FloorCity State ZIP Code
Seattle WA 98101-3099

Outstanding Balance Beginning This Period

25233.00

Transaction ID: DDAAD6917DA7140B1B6D

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

25233.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Hinckley SpringsNature of Debt (Purpose):
Water Cooler Services

Mailing Address P.O. Box 660579

City State ZIP Code
Dallas TX 75266-0579

Outstanding Balance Beginning This Period

296.68

Transaction ID: DFD07531348F8439BA68

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

296.68

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Koch BrothersNature of Debt (Purpose):
CopierMailing Address 325 Grand Avenue
P.O. Box 1755City State ZIP Code
Des Moines IA 50306

Outstanding Balance Beginning This Period

126.82

Transaction ID: DFAE4308D10124EEDAE3

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

126.82

1) SUBTOTALS This Period This Page (optional).....

25656.50

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 67 / 110

FOR LINE NUMBER:
(check only one)
☐ 11
☒ 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Koch Brothers

Nature of Debt (Purpose):
Copier

Mailing Address 325 Grand Avenue
P.O. Box 1755

City State ZIP Code
Des Moines IA 50306

Outstanding Balance Beginning This Period

318.00

Transaction ID: D49C4F11B6E044AA5A29

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

318.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Koch Brothers

Nature of Debt (Purpose):
Copier

Mailing Address 325 Grand Avenue
P.O. Box 1755

City State ZIP Code
Des Moines IA 50306

Outstanding Balance Beginning This Period

318.00

Transaction ID: D3176BA92E7384BCA0A

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

318.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Koch Brothers

Nature of Debt (Purpose):
Copier

Mailing Address 325 Grand Avenue
P.O. Box 1755

City State ZIP Code
Des Moines IA 50306

Outstanding Balance Beginning This Period

211.99

Transaction ID: D3C51D93654FD40B59BB

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

211.99

1) **SUBTOTALS** This Period This Page (optional).....

847.99

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 68 / 110

FOR LINE NUMBER:
(check only one)
☐ 11
☒ 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Verizon

Nature of Debt (Purpose):
Monthly Phone Charges

Mailing Address 8808 Irvine Center Drive

City State ZIP Code
Irvine CA 92618-4201

Outstanding Balance Beginning This Period

140.70

Transaction ID: D40B8D89E3ABE4545B3C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

140.70

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Verizon

Nature of Debt (Purpose):
Monthly Phone Charges

Mailing Address 8808 Irvine Center Drive

City State ZIP Code
Irvine CA 92618-4201

Outstanding Balance Beginning This Period

324.97

Transaction ID: DC3EE07A89ADF414596B

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

324.97

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Verizon

Nature of Debt (Purpose):
Monthly Phone Charges

Mailing Address 8808 Irvine Center Drive

City State ZIP Code
Irvine CA 92618-4201

Outstanding Balance Beginning This Period

561.93

Transaction ID: DA1C685B9BFAF4CD7A76

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

561.93

1) **SUBTOTALS** This Period This Page (optional).....

1027.60

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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numbered line)

PAGE 69 / 110

FOR LINE NUMBER:
(check only one)
☐ 11
☒ 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Verizon

Nature of Debt (Purpose):
Monthly Phone Charges

Mailing Address 8808 Irvine Center Drive

City State ZIP Code
Irvine CA 92618-4201

Outstanding Balance Beginning This Period

680.73

Transaction ID: D0F58D7FEFA5B4E43939

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

680.73

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Verizon

Nature of Debt (Purpose):
Monthly Phone Charges

Mailing Address 8808 Irvine Center Drive

City State ZIP Code
Irvine CA 92618-4201

Outstanding Balance Beginning This Period

625.92

Transaction ID: D7AA61021F4A546ABB58

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

625.92

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Verizon

Nature of Debt (Purpose):
Monthly Phone Charges

Mailing Address 8808 Irvine Center Drive

City State ZIP Code
Irvine CA 92618-4201

Outstanding Balance Beginning This Period

285.25

Transaction ID: D59D402EB48494DF2B2C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

285.25

1) **SUBTOTALS** This Period This Page (optional).....

1591.90

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 70 / 110

FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
VerizonNature of Debt (Purpose):
Monthly Phone Charges

Mailing Address 8808 Irvine Center Drive

City State ZIP Code
Irvine CA 92618-4201

Outstanding Balance Beginning This Period

281.01

Transaction ID: DB59E8AD1B4CC46098EF

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

281.01

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
ABC-Electrical ContractorsNature of Debt (Purpose):
Phone WorkMailing Address 10520 Hickman Road
Suite ABCCity State ZIP Code
Des Moines IA 50325

Outstanding Balance Beginning This Period

1866.01

Transaction ID: DADFAFC251E1148F6B40

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1866.01

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Simard PrintingNature of Debt (Purpose):
Printing Services

Mailing Address 300 Salem Street

City State ZIP Code
Woburn MA 01801-2055

Outstanding Balance Beginning This Period

433.13

Transaction ID: DAEB900B19D5343069F1

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

433.13

1) SUBTOTALS This Period This Page (optional).....

2580.15

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 71 / 110

FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Old Town Family RestaurantNature of Debt (Purpose):
Food & Beverage

Mailing Address 2107 Camanche Avenue

City State ZIP Code
Clinton IA 52732-6036

Outstanding Balance Beginning This Period

130.00

Transaction ID: D8B59DA12044449C0AE9

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

130.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MoreSound CompanyNature of Debt (Purpose):
Sound Equipment

Mailing Address 102 North Street

City State ZIP Code
Jaffrey NH 03452-5301

Outstanding Balance Beginning This Period

400.00

Transaction ID: D4310E2A2AC3D49AFB1C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

400.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Washington Promotions & PrintingNature of Debt (Purpose):
PrintingMailing Address 5125 MacArthur Blvd. NW
Suite 14City State ZIP Code
Washington DC 20016

Outstanding Balance Beginning This Period

5547.90

Transaction ID: DE815690D20EF4A6EB02

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5547.90

1) **SUBTOTALS** This Period This Page (optional).....

6077.90

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 72 / 110

FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
UPSNature of Debt (Purpose):
Shipping

Mailing Address PO Box 7247-0244

City State ZIP Code
Philadelphia PA 19170

Outstanding Balance Beginning This Period

434.09

Transaction ID: D93A99FFBC04A4242996

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

434.09

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
UPSNature of Debt (Purpose):
Shipping

Mailing Address PO Box 7247-0244

City State ZIP Code
Philadelphia PA 19170

Outstanding Balance Beginning This Period

60.76

Transaction ID: D6EB2D896D8C64BA8AA9

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

60.76

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
TVEyes, Inc.Nature of Debt (Purpose):
Media Services

Mailing Address 2150 Post Road

City State ZIP Code
Fairfield CT 06824

Outstanding Balance Beginning This Period

500.00

Transaction ID: D421D5108046A4FA4973

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

1) SUBTOTALS This Period This Page (optional).....

994.85

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 73 / 110

FOR LINE NUMBER:
(check only one)
☐ 11
☒ 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
TVEyes, Inc.

Nature of Debt (Purpose):
Media Services

Mailing Address 2150 Post Road

City State ZIP Code
Fairfield CT 06824

Outstanding Balance Beginning This Period

500.00

Transaction ID: DF1403972FFAD472384D

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Qwest

Nature of Debt (Purpose):
Telephone
Mailing Address Business Services
PO Box 91154
City State ZIP Code
Seattle WA 98111

Outstanding Balance Beginning This Period

1062.75

Transaction ID: D61C348CBB0624AED874

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1062.75

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Qwest

Nature of Debt (Purpose):
Telephone
Mailing Address Business Services
PO Box 91154
City State ZIP Code
Seattle WA 98111

Outstanding Balance Beginning This Period

669.82

Transaction ID: D6224518C358E4E34936

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

669.82

1) **SUBTOTALS** This Period This Page (optional).....

2232.57

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 11
☒ 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Qwest

Nature of Debt (Purpose):
Telephone

Mailing Address Business Services
PO Box 91154

City State ZIP Code
Seattle WA 98111

Outstanding Balance Beginning This Period

474.82

Transaction ID: DD4C14996C4ED457DBEB

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

474.82

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Qwest

Nature of Debt (Purpose):
Telephone

Mailing Address Business Services
PO Box 91154

City State ZIP Code
Seattle WA 98111

Outstanding Balance Beginning This Period

657.85

Transaction ID: D160BB52601F3469FBFA

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

657.85

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Qwest

Nature of Debt (Purpose):
Telephone

Mailing Address Business Services
PO Box 91154

City State ZIP Code
Seattle WA 98111

Outstanding Balance Beginning This Period

471.50

Transaction ID: DE70EBFB35F4E4F5BBA8

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

471.50

1) **SUBTOTALS** This Period This Page (optional).....

1604.17

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 11
☒ 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Qwest

Nature of Debt (Purpose):
Telephone

Mailing Address Business Services
PO Box 91154

City State ZIP Code
Seattle WA 98111

Outstanding Balance Beginning This Period

58.58

Transaction ID: DC07FD8583E3F4BA58CA

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

58.58

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Qwest

Nature of Debt (Purpose):
Telephone

Mailing Address Business Services
PO Box 91154

City State ZIP Code
Seattle WA 98111

Outstanding Balance Beginning This Period

418.15

Transaction ID: DA397374A80A8418D9FD

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

418.15

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Qwest

Nature of Debt (Purpose):
Telephone

Mailing Address Business Services
PO Box 91154

City State ZIP Code
Seattle WA 98111

Outstanding Balance Beginning This Period

575.42

Transaction ID: DA3182C7E844C4F039CE

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

575.42

1) **SUBTOTALS** This Period This Page (optional).....

1052.15

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
QwestNature of Debt (Purpose):
TelephoneMailing Address Business Services
PO Box 91154City State ZIP Code
Seattle WA 98111

Outstanding Balance Beginning This Period

431.46

Transaction ID: D703363A20B0E44A7A6C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

431.46

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
QwestNature of Debt (Purpose):
TelephoneMailing Address Business Services
PO Box 91154City State ZIP Code
Seattle WA 98111

Outstanding Balance Beginning This Period

106.73

Transaction ID: DE2EA2BD913EF4C59A0F

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

106.73

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
QwestNature of Debt (Purpose):
TelephoneMailing Address Business Services
PO Box 91154City State ZIP Code
Seattle WA 98111

Outstanding Balance Beginning This Period

677.36

Transaction ID: DF660180FF5C543E886F

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

677.36

1) SUBTOTALS This Period This Page (optional).....

1215.55

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 77 / 110

FOR LINE NUMBER:
(check only one)
☐ 11
☒ 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Qwest

Nature of Debt (Purpose):
Telephone

Mailing Address Business Services
PO Box 91154

City State ZIP Code
Seattle WA 98111

Outstanding Balance Beginning This Period

622.51

Transaction ID: DA75CCBF704CB4716B86

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

622.51

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Alliant Energy

Nature of Debt (Purpose):
Utilities

Mailing Address PO Box 3066

City State ZIP Code
Cedar Rapids IA 52406

Outstanding Balance Beginning This Period

540.80

Transaction ID: D4DB84BA83BD34248B12

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

540.80

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Alliant Energy

Nature of Debt (Purpose):
Utilities

Mailing Address PO Box 3066

City State ZIP Code
Cedar Rapids IA 52406

Outstanding Balance Beginning This Period

852.59

Transaction ID: D21C371285AF1401F9CB

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

852.59

1) **SUBTOTALS** This Period This Page (optional).....

2015.90

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 78 / 110

FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Alliant EnergyNature of Debt (Purpose):
Utilities

Mailing Address PO Box 3066

City State ZIP Code
Cedar Rapids IA 52406

Outstanding Balance Beginning This Period

254.12

Transaction ID: D637921B16CAA45B19B6

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

254.12

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Alliant EnergyNature of Debt (Purpose):
Utilities

Mailing Address PO Box 3066

City State ZIP Code
Cedar Rapids IA 52406

Outstanding Balance Beginning This Period

877.55

Transaction ID: D6F4061A34DE04783A3F

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

877.55

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Alliant EnergyNature of Debt (Purpose):
Utilities

Mailing Address PO Box 3066

City State ZIP Code
Cedar Rapids IA 52406

Outstanding Balance Beginning This Period

50.75

Transaction ID: DF36117C0589D4D9C911

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

50.75

1) SUBTOTALS This Period This Page (optional).....

1182.42

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 79 / 110

FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Alliant EnergyNature of Debt (Purpose):
Utilities

Mailing Address PO Box 3066

City State ZIP Code
Cedar Rapids IA 52406

Outstanding Balance Beginning This Period

401.72

Transaction ID: D5B3618F71E3745EC9DD

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

401.72

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Alliant EnergyNature of Debt (Purpose):
Utilities

Mailing Address PO Box 3066

City State ZIP Code
Cedar Rapids IA 52406

Outstanding Balance Beginning This Period

239.60

Transaction ID: DE6029EBE091B415FB6D

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

239.60

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Alliant EnergyNature of Debt (Purpose):
Utilities

Mailing Address PO Box 3066

City State ZIP Code
Cedar Rapids IA 52406

Outstanding Balance Beginning This Period

263.55

Transaction ID: DBA39930B48064589AB5

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

263.55

1) **SUBTOTALS** This Period This Page (optional).....

904.87

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Allied TelecomNature of Debt (Purpose):
Internet Services

Mailing Address PO BOX 758792

City State ZIP Code
Baltimore MD 21275

Outstanding Balance Beginning This Period

850.00

Transaction ID: DEA9D9C89FC7F444DAD8

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

850.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
COVADNature of Debt (Purpose):
Internet ServicesMailing Address Dept. 33408
PO BOX 39000City State ZIP Code
San Francisco CA 94139

Outstanding Balance Beginning This Period

1535.76

Transaction ID: D5E78BD6138D849C8A7B

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1535.76

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
COVADNature of Debt (Purpose):
Internet ServicesMailing Address Dept. 33408
PO BOX 39000City State ZIP Code
San Francisco CA 94139

Outstanding Balance Beginning This Period

1056.76

Transaction ID: D7FB209F7C488450BA73

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1056.76

1) **SUBTOTALS** This Period This Page (optional).....

3442.52

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Free Media, Inc.Nature of Debt (Purpose):
Reimbursement for Travel
ExpensesMailing Address 777 West End Avenue
#5CCity State ZIP Code
New York NY 10025

Outstanding Balance Beginning This Period

635.01

Transaction ID: DF03B1B1603F54C5183C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

635.01

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Free Media, Inc.Nature of Debt (Purpose):
Reimbursement for Phone
ExpensesMailing Address 777 West End Avenue
#5CCity State ZIP Code
New York NY 10025

Outstanding Balance Beginning This Period

150.09

Transaction ID: D142C4EE26CC3459DA22

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

150.09

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
TravelersNature of Debt (Purpose):
InsuranceMailing Address CL & Specialty Remittance Center
Remittance Box 96359City State ZIP Code
Hartford CT 06183-1008

Outstanding Balance Beginning This Period

10330.00

Transaction ID: D490B4AF8A85D4E99B96

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10330.00

1) SUBTOTALS This Period This Page (optional).....

11115.10

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
ExxonMobilNature of Debt (Purpose):
Gasoline

Mailing Address P.O. Box 688938

City State ZIP Code
Des Moines IA 50368-8938

Outstanding Balance Beginning This Period

241.86

Transaction ID: D303F42DD72104352BB3

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

241.86

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
ExxonMobilNature of Debt (Purpose):
Gasoline

Mailing Address P.O. Box 688938

City State ZIP Code
Des Moines IA 50368-8938

Outstanding Balance Beginning This Period

429.36

Transaction ID: D2591D51138CC454BA3F

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

429.36

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Verham NewsNature of Debt (Purpose):
Rent

Mailing Address P.O. Box 706

City State ZIP Code
White Riv Jct VT 05001-0706

Outstanding Balance Beginning This Period

910.28

Transaction ID: DE2E3D979014F4B2194A

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

910.28

1) SUBTOTALS This Period This Page (optional).....

1581.50

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 11
☒ 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Comcast

Nature of Debt (Purpose):
Cable & Internet

Mailing Address PO Box 1577

City State ZIP Code
Newark NJ 07101

Outstanding Balance Beginning This Period

351.30

Transaction ID: D3A3A16E658A34B44B21

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

351.30

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Comcast

Nature of Debt (Purpose):
Cable Service

Mailing Address PO Box 1577

City State ZIP Code
Newark NJ 07101

Outstanding Balance Beginning This Period

513.74

Transaction ID: D054E2AB68F284AAA9A7

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

513.74

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Pentimento Design LLC

Nature of Debt (Purpose):
Reindeer decorations

Mailing Address 1133 Mapleton Avenue

City State ZIP Code
Suffield CT 06078

Outstanding Balance Beginning This Period

212.00

Transaction ID: DF4C1AA581F164ADAB6A

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

212.00

1) **SUBTOTALS** This Period This Page (optional).....

1077.04

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Mason City Public UtilitiesNature of Debt (Purpose):
Utilities

Mailing Address 10 First Street Northwest

City State ZIP Code
Mason City IA 50401-3224

Outstanding Balance Beginning This Period

123.36

Transaction ID: DDE7D15C566704EE4997

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

123.36

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
ComcastNature of Debt (Purpose):
Cable Service

Mailing Address P.O. Box 3005

City State ZIP Code
Southeastern PA 19398-3005

Outstanding Balance Beginning This Period

197.56

Transaction ID: D1327435AF7974016BBD

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

197.56

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
ComcastNature of Debt (Purpose):
Cable

Mailing Address P.O. Box 3005

City State ZIP Code
Southeastern PA 19398-3005

Outstanding Balance Beginning This Period

130.78

Transaction ID: D77C21BCA099B4529A8B

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

130.78

1) SUBTOTALS This Period This Page (optional).....

451.70

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
VerizonNature of Debt (Purpose):
Telephone

Mailing Address PO Box 660720

City State ZIP Code
Dallas TX 75266

Outstanding Balance Beginning This Period

22.28

Transaction ID: DF9E84213BC0C4FA4959

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

22.28

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
VerizonNature of Debt (Purpose):
Telephone

Mailing Address PO Box 660720

City State ZIP Code
Dallas TX 75266

Outstanding Balance Beginning This Period

6277.73

Transaction ID: D0A801840ADAA424FBF4

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6277.73

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
VFW Post 775Nature of Debt (Purpose):
Space Rental

Mailing Address 702 West Main Street

City State ZIP Code
Ottumwa IA 52501-2226

Outstanding Balance Beginning This Period

150.00

Transaction ID: D9F4487EF4F6F4DB6923

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

150.00

1) SUBTOTALS This Period This Page (optional).....

6450.01

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
VerizonNature of Debt (Purpose):
Telephone

Mailing Address P.O. Box 15041

City State ZIP Code
Worcester MA 01615-0023

Outstanding Balance Beginning This Period

647.11

Transaction ID: DC05308729895455AAF0

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

647.11

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
VerizonNature of Debt (Purpose):
Telephone

Mailing Address P.O. Box 15041

City State ZIP Code
Worcester MA 01615-0023

Outstanding Balance Beginning This Period

896.07

Transaction ID: D03866EA927C6487BAA8

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

896.07

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
VerizonNature of Debt (Purpose):
Telephone

Mailing Address P.O. Box 15041

City State ZIP Code
Worcester MA 01615-0023

Outstanding Balance Beginning This Period

694.96

Transaction ID: D7AA2635D35294D99959

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

694.96

1) SUBTOTALS This Period This Page (optional).....

2238.14

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
VerizonNature of Debt (Purpose):
Telephone

Mailing Address P.O. Box 15041

City State ZIP Code
Worcester MA 01615-0023

Outstanding Balance Beginning This Period

983.75

Transaction ID: DAC79A50A402441AB9DA

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

983.75

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
VerizonNature of Debt (Purpose):
Telephone

Mailing Address P.O. Box 15041

City State ZIP Code
Worcester MA 01615-0023

Outstanding Balance Beginning This Period

320.68

Transaction ID: DAB48C0D1D9BF48E2819

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

320.68

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
VerizonNature of Debt (Purpose):
Telephone

Mailing Address P.O. Box 15041

City State ZIP Code
Worcester MA 01615-0023

Outstanding Balance Beginning This Period

1646.22

Transaction ID: D684E05F5028F4B9FA8C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1646.22

1) SUBTOTALS This Period This Page (optional).....

2950.65

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 11
☒ 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Des Moines Theatrical Shop

Nature of Debt (Purpose):
Costume Rental

Mailing Address 145 5th Street

City State ZIP Code
West Des Moines IA 50265

Outstanding Balance Beginning This Period

106.00

Transaction ID: D7952AAF64B9C4F0997B

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

106.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Des Moines Water Works

Nature of Debt (Purpose):
Utilities

Mailing Address 2201 George Flagg Parkway

City State ZIP Code
Des Moines IA 50321-1190

Outstanding Balance Beginning This Period

117.91

Transaction ID: D1475748209CF4A0092F

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

117.91

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
REMAX Results Realty

Nature of Debt (Purpose):
Rent and Utilities

Mailing Address 202 1st NW

City State ZIP Code
Mason City IA 50401

Outstanding Balance Beginning This Period

1036.46

Transaction ID: D14F42980C9EF465D8A0

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1036.46

1) **SUBTOTALS** This Period This Page (optional).....

1260.37

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 89 / 110

FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Jocelyn Augustino PhotogrpaherNature of Debt (Purpose):
Photographer

Mailing Address 3416 Gunston Road

City State ZIP Code
Alexandria VA 22302-2134

Outstanding Balance Beginning This Period

69.00

Transaction ID: D0781506CE4AC48A0805

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

69.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Deaf Services UnlimitedNature of Debt (Purpose):
Interpreting Service

Mailing Address Suite 170

City State ZIP Code
Des Moines IA 50309

Outstanding Balance Beginning This Period

130.00

Transaction ID: DF8A44964B3424CC3B77

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

130.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Drink More WaterNature of Debt (Purpose):
Water DeliveryMailing Address Montgomery County Airpark
7595-A Rickenbacker DriveCity State ZIP Code
Gaithersburg MD 20879

Outstanding Balance Beginning This Period

32.50

Transaction ID: DCDE895EA2CFC4A338ED

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

32.50

1) **SUBTOTALS** This Period This Page (optional).....

231.50

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 90 / 110

FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
NexGenNature of Debt (Purpose):
Utilities

Mailing Address 10500 Hickman Road Ste J

City State ZIP Code
Clive IA 50325-3706

Outstanding Balance Beginning This Period

235.36

Transaction ID: D2FBA9339003447ADB22

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

235.36

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MediacomNature of Debt (Purpose):
Cable

Mailing Address P.O. Box 5744

City State ZIP Code
Carol Stream IL 60197-5744

Outstanding Balance Beginning This Period

92.37

Transaction ID: D34D4235A01F441BAA58

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

92.37

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
WHO Newsradio 1040Nature of Debt (Purpose):
Recording Services

Mailing Address 2141 Grand Avenue

City State ZIP Code
Des Moines IA 50312

Outstanding Balance Beginning This Period

400.00

Transaction ID: D5CA66406DA5143F7848

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

400.00

1) SUBTOTALS This Period This Page (optional).....

727.73

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 11
☒ 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
DC Treasurer

Nature of Debt (Purpose):
Parking Fine

Mailing Address Adjudication Services
 PO Box 2014

City State ZIP Code
Washington DC 20013

Outstanding Balance Beginning This Period

Transaction ID: DF17F5AFCCC744C43A1E

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Storefront Political Media

Nature of Debt (Purpose):
Photographer

Mailing Address 250 Sutter Street, Suite 650

City State ZIP Code
San Francisco CA 94108

Outstanding Balance Beginning This Period

Transaction ID: DDB39DC1EDB03445B8B5

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Bi-State Cartridge Service, Inc.

Nature of Debt (Purpose):
Office Supplies

Mailing Address 1325 15th Street

City State ZIP Code
Moline IL 61265

Outstanding Balance Beginning This Period

Transaction ID: D163D453900874450889

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional).....


2) TOTALS This Period (last page this line number only).....


3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....


4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)


SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 92 / 110

FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Direct TVNature of Debt (Purpose):
Cable Service

Mailing Address PO Box 60036

City State ZIP Code
Los Angeles CA 90060

Outstanding Balance Beginning This Period

166.33

Transaction ID: D8A78FBAECFAE431F9D3

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

166.33

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Direct TVNature of Debt (Purpose):
Cable Service

Mailing Address PO Box 60036

City State ZIP Code
Los Angeles CA 90060

Outstanding Balance Beginning This Period

44.26

Transaction ID: DBC6FF85AE35C41E68CA

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

44.26

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Direct TVNature of Debt (Purpose):
Cable Service

Mailing Address PO Box 60036

City State ZIP Code
Los Angeles CA 90060

Outstanding Balance Beginning This Period

32.22

Transaction ID: D98583EF190B742F4B0A

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

32.22

1) SUBTOTALS This Period This Page (optional).....

242.81

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 93 / 110

FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Air Charter Team, Inc.Nature of Debt (Purpose):
TransportationMailing Address 10015 N.W. Ambassador Drive
Suite 202City State ZIP Code
Kansas City MO 64153

Outstanding Balance Beginning This Period

1304.61

Transaction ID: DCAA2DBC5CEA94CD089C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1304.61

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Zahara's Cafe & Bakery, Inc.Nature of Debt (Purpose):
Food & Beverage

Mailing Address 525 Washington Blvd, 2nd Flr

City State ZIP Code
Jersey City NJ 07310

Outstanding Balance Beginning This Period

2500.00

Transaction ID: DD281F4AE8DC34BC7B93

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Metropolitan ClubNature of Debt (Purpose):
Food & Beverage

Mailing Address One East 60th Street

City State ZIP Code
New York NY 10022

Outstanding Balance Beginning This Period

21459.11

Transaction ID: D633B2D0BC9E641C0B52

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

21459.11

1) SUBTOTALS This Period This Page (optional).....

25263.72

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
KeyspanNature of Debt (Purpose):
Utilities

Mailing Address 52 Second Avenue

City State ZIP Code
Waltham MA 02451

Outstanding Balance Beginning This Period

755.64

Transaction ID: D0F2F1D778B8B4FC99B6

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

755.64

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
KeyspanNature of Debt (Purpose):
Utilities

Mailing Address 52 Second Avenue

City State ZIP Code
Waltham MA 02451

Outstanding Balance Beginning This Period

2919.27

Transaction ID: D9A45BD2CD468457093F

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2919.27

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
KeyspanNature of Debt (Purpose):
Utilities

Mailing Address 52 Second Avenue

City State ZIP Code
Waltham MA 02451

Outstanding Balance Beginning This Period

38.96

Transaction ID: D7B85A230D64E4671B06

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

38.96

1) SUBTOTALS This Period This Page (optional).....

3713.87

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
KeyspanNature of Debt (Purpose):
Utilities

Mailing Address 52 Second Avenue

City State ZIP Code
Waltham MA 02451

Outstanding Balance Beginning This Period

164.80

Transaction ID: DB9074E8EDA3B4C25ABE

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

164.80

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
KeyspanNature of Debt (Purpose):
Utilities

Mailing Address 52 Second Avenue

City State ZIP Code
Waltham MA 02451

Outstanding Balance Beginning This Period

239.04

Transaction ID: DD0258CA80C884AB6960

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

239.04

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
KeyspanNature of Debt (Purpose):
Utilities

Mailing Address 52 Second Avenue

City State ZIP Code
Waltham MA 02451

Outstanding Balance Beginning This Period

118.88

Transaction ID: DBDF3A2CB333C4D6484D

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

118.88

1) SUBTOTALS This Period This Page (optional).....

522.72

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
KeyspanNature of Debt (Purpose):
Utilities

Mailing Address 52 Second Avenue

City State ZIP Code
Waltham MA 02451

Outstanding Balance Beginning This Period

298.81

Transaction ID: D74946712598A4C599FE

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

298.81

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
KeyspanNature of Debt (Purpose):
Utilities

Mailing Address 52 Second Avenue

City State ZIP Code
Waltham MA 02451

Outstanding Balance Beginning This Period

1481.16

Transaction ID: DDFA00C779CF445C8AA6

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1481.16

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
The Printer WorksNature of Debt (Purpose):
Printer

Mailing Address 3481 Arden Road

City State ZIP Code
Hayward CA 94545

Outstanding Balance Beginning This Period

819.44

Transaction ID: DFC2998A4374B4E86BCA

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

819.44

1) SUBTOTALS This Period This Page (optional).....

2599.41

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
MidAmerican EnergyNature of Debt (Purpose):
Utilities

Mailing Address P.O. Box 8020

City State ZIP Code
Davenport IA 52808-8020

Outstanding Balance Beginning This Period

416.01

Transaction ID: D91E4CB1724CB455C94A

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

416.01

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MidAmerican EnergyNature of Debt (Purpose):
Utilities

Mailing Address P.O. Box 8020

City State ZIP Code
Davenport IA 52808-8020

Outstanding Balance Beginning This Period

1115.75

Transaction ID: DEC21CC9229D5404F97B

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1115.75

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MidAmerican EnergyNature of Debt (Purpose):
Utilities

Mailing Address P.O. Box 8020

City State ZIP Code
Davenport IA 52808-8020

Outstanding Balance Beginning This Period

659.58

Transaction ID: DFC448EB6B1054323A65

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

659.58

1) SUBTOTALS This Period This Page (optional).....

2191.34

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
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numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 11
☒ 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MidAmerican Energy

Nature of Debt (Purpose):
Utilities

Mailing Address P.O. Box 8020

City State ZIP Code
Davenport IA 52808-8020

Outstanding Balance Beginning This Period

72.04

Transaction ID: D275E706E6F7F4C6C938

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

72.04

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MidAmerican Energy

Nature of Debt (Purpose):
Utilities

Mailing Address P.O. Box 8020

City State ZIP Code
Davenport IA 52808-8020

Outstanding Balance Beginning This Period

123.36

Transaction ID: DF30D747F375F47E5882

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

123.36

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MidAmerican Energy

Nature of Debt (Purpose):
Utilities

Mailing Address P.O. Box 8020

City State ZIP Code
Davenport IA 52808-8020

Outstanding Balance Beginning This Period

196.90

Transaction ID: DAB442CA849544E83A13

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

196.90

1) **SUBTOTALS** This Period This Page (optional).....

392.30

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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for each
numbered line)

PAGE 99 / 110

FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
MidAmerican EnergyNature of Debt (Purpose):
Utilities

Mailing Address P.O. Box 8020

City State ZIP Code
Davenport IA 52808-8020

Outstanding Balance Beginning This Period

1406.57

Transaction ID: DB92957A464EF4AC685D

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1406.57

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MidAmerican EnergyNature of Debt (Purpose):
Utilities

Mailing Address P.O. Box 8020

City State ZIP Code
Davenport IA 52808-8020

Outstanding Balance Beginning This Period

65.24

Transaction ID: D7B3E6DAFE5CE4AFB9B8

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

65.24

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MidAmerican EnergyNature of Debt (Purpose):
Utilities

Mailing Address P.O. Box 8020

City State ZIP Code
Davenport IA 52808-8020

Outstanding Balance Beginning This Period

78.77

Transaction ID: D2F929A7374FC4A50B84

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

78.77

1) SUBTOTALS This Period This Page (optional).....

1550.58

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 100 / 110

FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Peter NicholsNature of Debt (Purpose):
Consulting Fee

Mailing Address 222 Stony Brook Road

City State ZIP Code
Hopewell NJ 08525-3003

Outstanding Balance Beginning This Period

15000.00

Transaction ID: DE18E31E6A6564CF4B75

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Jim VanDusseldorpNature of Debt (Purpose):
Bus Servicing

Mailing Address 2406 15th Ave. N.

City State ZIP Code
Clear Lake IA 50428-2037

Outstanding Balance Beginning This Period

92.50

Transaction ID: DECE5259C4BB240ADB7

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

92.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Universal Printing Company LLCNature of Debt (Purpose):
Fees

Mailing Address 1101 Penn Avenue

City State ZIP Code
Scranton PA 18509

Outstanding Balance Beginning This Period

136.05

Transaction ID: DF477C3FE35E04A05B7F

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

136.05

1) SUBTOTALS This Period This Page (optional).....

15228.55

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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for each
numbered line)

PAGE 101 / 110

FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
UnitilNature of Debt (Purpose):
Utilities

Mailing Address PO BOX 2013

City State ZIP Code
Concord NH 03302

Outstanding Balance Beginning This Period

115.06

Transaction ID: D14B3EB6706674783815

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

115.06

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Northern Business MachinesNature of Debt (Purpose):
Rental

Mailing Address 24 Terry Avenue

City State ZIP Code
Burlington MA 01803

Outstanding Balance Beginning This Period

698.00

Transaction ID: DF72BE3ADBBB14CB9BC7

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

698.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Grand ColonyNature of Debt (Purpose):
Lodging

Mailing Address 2824 Grand Avenue, #218

City State ZIP Code
Des Moines IA 50312

Outstanding Balance Beginning This Period

153.50

Transaction ID: D232577C9B94046BB9A9

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

153.50

1) SUBTOTALS This Period This Page (optional).....

966.56

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Webster BankNature of Debt (Purpose):
Loan interest payment

Mailing Address 185 Asylum Street

City State ZIP Code
Hartford CT 06103-3401

Outstanding Balance Beginning This Period

4177.74

Transaction ID: D2455C9526EE244CC9BA

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4177.74

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
AT&TNature of Debt (Purpose):
Telephone

Mailing Address P.O. Box 8110

City State ZIP Code
Aurora IL 60572

Outstanding Balance Beginning This Period

111.80

Transaction ID: D51DCEF2884624EE6A6A

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

111.80

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
PMINature of Debt (Purpose):
Parking

Mailing Address

City State ZIP Code
Washington DC

Outstanding Balance Beginning This Period

465.00

Transaction ID: D8747457AA9894F1CB0C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

465.00

1) SUBTOTALS This Period This Page (optional).....

4754.54

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
UPSNature of Debt (Purpose):
Shipping

Mailing Address PO Box 7247-0244

City State ZIP Code
Philadelphia PA 19170

Outstanding Balance Beginning This Period

59.43

Transaction ID: DBA9563936FE04325AD0

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

59.43

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Carter PrintingNature of Debt (Purpose):
Finance Charge

Mailing Address 1739 East Grand Avenue

City State ZIP Code
Des Moines IA 50316

Outstanding Balance Beginning This Period

110.59

Transaction ID: D7499897E1ABB4EE2962

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

110.59

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Northland Trumbull, LLCNature of Debt (Purpose):
RentMailing Address C/o Northland Investment Corporati
P.O. Box 845604City State ZIP Code
Boston MA 02284

Outstanding Balance Beginning This Period

3850.00

Transaction ID: D27B30042D3C24348857

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3850.00

1) **SUBTOTALS** This Period This Page (optional).....

4020.02

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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for each
numbered line)

PAGE 104 / 110

FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Heartland Flagpoles and FlagsNature of Debt (Purpose):
Flags

Mailing Address 3719 SW 9th Street

City State ZIP Code
Des Moines IA 50315

Outstanding Balance Beginning This Period

215.00

Transaction ID: D92D91DF93AE6487B8F3

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

215.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Webster BankNature of Debt (Purpose):
Loan Interest payment

Mailing Address 185 Asylum Street

City State ZIP Code
Hartford CT 06103-3401

Outstanding Balance Beginning This Period

7056.90

Transaction ID: DA8EF061F679D4CBB9F4

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7056.90

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Pitney BowesNature of Debt (Purpose):
Postage

Mailing Address PO Box 856390

City State ZIP Code
Louisville KY 40285

Outstanding Balance Beginning This Period

5522.57

Transaction ID: D87D4786A18704E3E866

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5522.57

1) SUBTOTALS This Period This Page (optional).....

12794.47

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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numbered line)

PAGE 105 / 110

FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
IAFF FIREPACNature of Debt (Purpose):
Transportation CostsMailing Address Attn: David B. Billy
1750 New York Ave, NWCity State ZIP Code
Washington DC 20006-5305

Outstanding Balance Beginning This Period

32233.24

Transaction ID: DE8437A16695047AC84E

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

32233.24

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
The KirkwoodNature of Debt (Purpose):
Rent

Mailing Address 400 Walnut Street

City State ZIP Code
Des Moines IA 50309

Outstanding Balance Beginning This Period

757.17

Transaction ID: DF06ED48AFB25453C90A

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

757.17

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Verizon Corporate Real EstateNature of Debt (Purpose):
RentMailing Address Mail Code FLG1-300
8800 Adamo DriveCity State ZIP Code
Tampa FL 33619

Outstanding Balance Beginning This Period

23250.00

Transaction ID: D3856747E818749188BE

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

23250.00

1) SUBTOTALS This Period This Page (optional).....

56240.41

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 11
☒ 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Webster Bank

Nature of Debt (Purpose):
Partial loan payment

Mailing Address 185 Asylum Street

City State ZIP Code
Hartford CT 06103-3401

Outstanding Balance Beginning This Period

166779.15

Transaction ID: DD731D76683B7435A821

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

166779.15

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
UPS

Nature of Debt (Purpose):
Courier Service

Mailing Address PO Box 7247-0244

City State ZIP Code
Philadelphia PA 19170

Outstanding Balance Beginning This Period

86.50

Transaction ID: D42C8F3A7325E4A5A80E

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

86.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Webster Bank

Nature of Debt (Purpose):
Partial Loan Payment

Mailing Address 185 Asylum Street

City State ZIP Code
Hartford CT 06103-3401

Outstanding Balance Beginning This Period

158711.84

Transaction ID: D40E033321B5047A0992

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

158711.84

1) **SUBTOTALS** This Period This Page (optional).....

325577.49

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 11
☒ 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cedar Rapids Municipal Utilities

Nature of Debt (Purpose):
Utilities

Mailing Address PO Box 3255

City State ZIP Code
Cedar Rapids IA 52406

Outstanding Balance Beginning This Period

53.51

Transaction ID: D0E366AACBEEB484CB02

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

53.51

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Webster Bank

Nature of Debt (Purpose):
Partial Loan Payment

Mailing Address 185 Asylum Street

City State ZIP Code
Hartford CT 06103-3401

Outstanding Balance Beginning This Period

176465.47

Transaction ID: D874CAE1D94B441B89B0

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

176465.47

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
The Des Moines Embassy Club

Nature of Debt (Purpose):
Food & Beverage
Mailing Address 801 Grand Avenue
Suite 4000
City State ZIP Code
Des Moines IA 50309-2762

Outstanding Balance Beginning This Period

4451.20

Transaction ID: DDA7C5EA9B930420A98A

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4451.20

1) **SUBTOTALS** This Period This Page (optional).....

180970.18

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Perkins CoieNature of Debt (Purpose):
Legal ServicesMailing Address Centralized Accounting Dept.
1201 Third Ave., 40th FloorCity State ZIP Code
Seattle WA 98101-3099

Outstanding Balance Beginning This Period

10000.00

Transaction ID: D76E8E67033CC4385B66

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
UPSNature of Debt (Purpose):
Courier

Mailing Address PO Box 7247-0244

City State ZIP Code
Philadelphia PA 19170

Outstanding Balance Beginning This Period

0.00

Transaction ID: DD71C9A3EFA0F4512B37

Amount Incurred This Period

59.95

Payment This Period

0.00

Outstanding Balance at Close of This Period

59.95

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Northland Trumbull, LLCNature of Debt (Purpose):
RentMailing Address C/o Northland Investment Corporati
P.O. Box 845604City State ZIP Code
Boston MA 02284

Outstanding Balance Beginning This Period

0.00

Transaction ID: D62DA2D977A734EC594A

Amount Incurred This Period

3850.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3850.00

1) SUBTOTALS This Period This Page (optional).....

13909.95

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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numbered line)

PAGE 109 / 110

FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Webster BankNature of Debt (Purpose):
Interest payment

Mailing Address 185 Asylum Street

City State ZIP Code
Hartford CT 06103-3401

Outstanding Balance Beginning This Period

0.00

Transaction ID: DDD808CCF6F3F461FA47

Amount Incurred This Period

5700.90

Payment This Period

0.00

Outstanding Balance at Close of This Period

5700.90

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Webster BankNature of Debt (Purpose):
Partial Loan Payment

Mailing Address 185 Asylum Street

City State ZIP Code
Hartford CT 06103-3401

Outstanding Balance Beginning This Period

0.00

Transaction ID: D61A58393251B4131AD6

Amount Incurred This Period

182474.79

Payment This Period

0.00

Outstanding Balance at Close of This Period

182474.79

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Webster BankNature of Debt (Purpose):
Partial Loan Payment

Mailing Address 185 Asylum Street

City State ZIP Code
Hartford CT 06103-3401

Outstanding Balance Beginning This Period

0.00

Transaction ID: D1B39F7F7E33C4F078A7

Amount Incurred This Period

180743.31

Payment This Period

0.00

Outstanding Balance at Close of This Period

180743.31

1) SUBTOTALS This Period This Page (optional).....

368919.00

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3P)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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PAGE 110 / 110

FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Verizon Corporate Real EstateNature of Debt (Purpose):
RentMailing Address Mail Code FLG1-300
8800 Adamo DriveCity State ZIP Code
Tampa FL 33619

Outstanding Balance Beginning This Period

0.00

Transaction ID: D333A15667245404C827

Amount Incurred This Period

23250.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

23250.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Webster BankNature of Debt (Purpose):
Partial Loan Payment

Mailing Address 185 Asylum Street

City State ZIP Code
Hartford CT 06103-3401

Outstanding Balance Beginning This Period

0.00

Transaction ID: DBDAF6E8D30D0490192F

Amount Incurred This Period

175188.86

Payment This Period

0.00

Outstanding Balance at Close of This Period

175188.86

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Webster BankNature of Debt (Purpose):
Partial Loan Payment

Mailing Address 185 Asylum Street

City State ZIP Code
Hartford CT 06103-3401

Outstanding Balance Beginning This Period

0.00

Transaction ID: D4105EBB88DDE4231AED

Amount Incurred This Period

174340.27

Payment This Period

0.00

Outstanding Balance at Close of This Period

174340.27

1) SUBTOTALS This Period This Page (optional).....

372779.13

2) TOTALS This Period (last page this line number only).....

1732777.87

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

1302811.25

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

3035589.12